



**Semester Activity Report for
SIAPS Mali FY12 Funds:
October 2012–March 2013**

April 2013



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Systems for Improved Access
to Pharmaceuticals and Services

Systems for Improved Access to Pharmaceuticals and Services Semester Activity Report for SIAPS Mali FY12 Funds

October 2012–March 2013

Submitted in April 2013



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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services project (SIAPS) is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. The SIAPS objective is to promote and utilize a systems strengthening approach consistent with the Global Health Initiative (GHI) that will result in improved and sustainable health impact. SIAPS will provide “next generation” technical leadership and assistance to developing countries in pharmaceutical system strengthening with a deliberate focus on patient-centered services and health outcomes for all Health Elements. SIAPS will assist USAID and partner country to reconcile the long-term goals of country ownership, system strengthening and sustainability with the immediate requirements for continuing scale-up and expansion of prevention and treatment programs without adversely affecting health outcomes.

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
CCM	community case management
CHW	community health worker
CSCOM	<i>centre de santé communautaire</i> (community health center)
DPM	<i>Direction de la Pharmacie et du Médicament</i> (Directorate of Pharmacy and Medicines)
EUVS	End User Verification Survey
FP	family planning
GHI	Global Health Initiative
IR	Intermediate result
LIAT	Logistics Indicator Assessment Tool
LSAT	Logistics System Assessment Tool
MCH	maternal and child health
MDG	Millennium Development Goal
MOH	Ministry of Health
PDDSS	<i>Programme Décennal de Développement Sanitaire et Social</i> (national health strategic plan)
PMI	President's Malaria Initiative
PNLP	<i>Programme national de lutte contre le paludisme</i> (national malaria control program)
PPM	<i>Pharmacie Populaire du Mali</i> (Central Medical Stores)
PPMRm	Procurement Planning and Monitoring Report for malaria
RDT	rapid diagnostic test
SDADME	<i>Schéma Directeur d'Approvisionnement et de Distribution des Médicaments Essentiels</i>
SIAPS	Systems for Improved Access to Pharmaceuticals and Services program
SOP	standard operating procedure
SP	sulfadoxine-pyrimethamine
USAID	US Agency for International Development

EXECUTIVE SUMMARY

The overall goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program in Mali is to increase access to quality essential pharmaceutical products and optimal pharmaceutical services. During the first semester of year 2, SIAPS continued working on its year 1 work plan and started working on its year 2 work plan activities, which were approved in December 2012. Progress was made on intermediate results (IRs) 1, 2, and IR to strengthen the pharmaceutical sector governance, to increase and enhance capacity for pharmaceutical supply management and services, and to make available pharmaceutical management information for decision making.

Regarding objective 1 (strengthen pharmaceutical governance), SIAPS/Mali has provided technical assistance to the Ministry of Health (MOH) through two discussion groups focused on “Medicine and Pharmacy” and “Strengthening the Health System.” These discussion groups have a mandate to make proposals on the relevance and consistency of interventions included in the first draft of Mali’s national health strategic plan (*Programme Décennal de Développement Sanitaire et Social*; PDDSS) for the next 10 years.

SIAPS also continues advocating to establish a national technical coordination committee. This technical committee will be led by the MOH’s Directorate of Pharmacy and Medicines (*Direction de la Pharmacie et du Médicament*; DPM) and will include all partners involved in the Malian supply chain. The scope of work for this committee (supply plan revisions, forecasting, sharing stock levels, monitoring supply plans, analyzing logistics data reports, making decisions to avoid stock-outs and overstock, etc.) was discussed with the MOH. In the meantime, SIAPS continues supporting the National Malaria Control Program (*Programme Nationale de Lutte contre le Paludisme*; PNLP) to coordinate key actors involved in malaria commodities management.

During this semester, SIAPS also contributed to strengthening the governance of the pharmaceutical sector by assisting the DPM with the dissemination of the SDADME (*Schéma Directeur d’Approvisionnement et de Distribution des Médicaments Essentiels*) at the central level. This is a key document guiding the functioning of Mali’s pharmaceutical sector.

In addition, SIAPS supported the PNLP to develop distribution plans for sulfadoxine-pyrimethamine (SP) and rapid diagnostic tests (RDTs) received during the semester.

Progress toward the Objective 2 (capacity for pharmaceutical supply management and services increased and enhanced) included support by SIAPS of quantification and preparation of a procurement plan for contraceptives and the adoption of a plan and a distribution option for contraceptives in a suspension context.

SIAPS Mali’s third objective is to render available pharmaceutical management information for decision making at different levels of the Malian health system.

During this semester, SIAPS Mali focused on building on the Malian logistics management information system (LMIS) assessment conducted in the fourth quarter of the first year of the project by supporting Mali’s MOH to redesign the LMIS with an aim of improving inventory management, recording and transmitting LMIS data, improving ordering and order

fulfillment, reducing stock-outs, and improving availability of health commodities at all levels of the health system.

According to its work plan, SIAPS also provided technical assistance to the PNLN and partners, including US Agency for International Development (USAID)/President's Malaria Initiative (PMI) and PSI, through the exploitation of existing national information systems to make available logistics data needed for decision making. Two Procurement Planning and Monitoring Report for malaria (PPMRm) quarterly reports, collection at central level were submitted to USAID/PMI to facilitate procurement and distribution decisions.

Data from lower levels of the health system were obtained through active data collection or specific surveys such as the End User Verification Survey (EUVS). SIAPS assisted the PNLN to disseminate findings from the last EUV, carried out in September 2012, through a national workshop held in Bamako in November 2012.

BACKGROUND

Mali is a low-income country with a heavy disease burden and poor levels of development indicators. Characterized by high under-five mortality rates, more than 900,000 cases of malaria cases per year, and an estimated 66,400 adults living with HIV, Mali has struggled to respond to the demands on its health system posed by this health burden.

The financial resources that have become available to Mali through its participation in PMI, and more recently in the Global Health Initiative (GHI), provide Mali with the opportunity to accelerate its progress toward achieving the Millennium Development Goals (MDGs). These resources made available through the US government focus on significantly improving health-related MDGs 4, 5, and 6, which aim respectively to reduce child mortality; reduce maternal mortality; and prevent and treat malaria, HIV, and other diseases, including neglected tropical diseases in Mali through integrated programmatic interventions.

The USAID mission in Mali has requested that SIAPS provide technical assistance to Mali to continue strengthening the pharmaceutical system with particular focus on—

- Supporting the national government and key implementing partners with national forecasting, quantification, and supply planning for key commodities (malaria, family planning [FP], and maternal and child health [MCH] commodities)
- Improving the availability and quality of logistics management information on pharmaceuticals
- Building capacity in pharmaceutical sector supply chain management
- Improving coordination among major actors in the pharmaceutical system

In its first year, SIAPS's interventions focused on dissemination at the central level of the SDADME, which was revised under the Strengthening Pharmaceutical Systems Program, and on conducting an assessment of the existing LMIS, including the community case management (CCM) level. SIAPS also provided technical assistance to track the availability of key products through the PPMRm and monitored malaria commodity management and case management practices through implementation of the EUVS.

In March 2012, a military overthrow of the government created a situation of extended political unrest in the country. Immediately following this coup d'état, USAID suspended its assistance to the Malian government. Consequently, all USIAD-funded activities ceased, and USAID implementing partners were prohibited from implementing technical activities during the third quarter of fiscal year 2012 (FY12). SIAPS was allowed to resume activities on July 2012. The resumption of activities has come with specific guidance, including ensuring that SIAPS activities benefit the community level of the health system as much as possible. SIAPS is permitted to work with Government of Mali counterparts, but with restrictions on implementation of FP activities, which can be implemented only at the community level with nongovernmental partners. No FP funds will be used for any activity with the Government of Mali until SIAPS receives specific instruction to the contrary from its Agreement/Contracting Officer. In Mali, the community health center (*centre de santé communautaire*; CSCOM) level and lower is considered nongovernmental.

In general, USAID/Mali wishes for SIAPS to focus more efforts on improving supply chain management at the community level.

To respond to these expectations, SIAPS Mali has planned in its year 2 work plan the following four IRs—

IR1 Pharmaceutical governance

- Improve governance by building institutional capacity (National Drug Regulatory Authority and National Malaria Control Program).
- Strengthening the coordination and technical capacity of structures in order to improve quantification and supply planning.

IR2 Strengthening the capacity in pharmaceutical (medicine) management

- Improve the capacity of key stakeholders at central and peripheral levels in pharmaceutical (drugs) management. Improve the distribution system of products at the peripheral level and support supervisions to monitor the system.

IR3 Ensure the use of information for decision making

- Render functional and strengthen the existing LMIS from the central level to the community level, including CCM activities, and conduct the collection of non-routine data, as needed.

IR4 Strengthening financing strategies and mechanisms to improve access to medicines

- Improve financial access to medicines by measuring compliance with the drug pricing policy (including pharmaceuticals donated to the public sector destined for distribution free of charge).

USAID/Mali has provided a total of \$2,051,884 in FY12 for implementation of SIAPS Mali year 2 activities. The funding is broken down as follows—

PMI/Malaria	\$500,000
Family Planning	\$550,000
Maternal and Child Health	\$1,001,884
Total SIAPS year 2 funding f	\$2,051,884

As of March 31, 2013, the pipeline was \$1,584,287.

UPDATE ON THE PROGRESS OF SIAPS MALI ACTIVITIES

Activities Achieved in Semester 1, Year 2

IR 1: Pharmaceutical sector governance strengthened

The goal of SIAPS Mali for improving pharmaceutical governance is to build institutional capacity (National Drug Regulatory Authority and PNLN) and strengthen the coordination and technical capacity of structures to improve quantification and supply planning.

To achieve this, SIAPS proposed to assist national stakeholders to review, update, and disseminate key guidance documents. When used consistently by actors in the pharmaceutical sector, these will facilitate better coordination, monitoring, and ultimately performance by these actors. These documents include the SDADME, the list of tracer drugs used in monitoring and supervision of health facilities and pharmaceutical warehouses, and the inventory list or mapping of all pharmaceutical retail facilities.

Sub-IR 1.1 Improved capacity of the DPM to promote and instill good governance in the Malian pharmaceutical sector

Activity 1.1.1: Provide support to DPM for reproduction and dissemination of the revised SDADME at the regional level

SIAPS provided technical assistance to the DPM for the dissemination of the revised SDADME through a national workshop held on November 21, 2012. This workshop aimed to provide extensive information related to the content of the revised SDADME to health authorities based at the central and regional levels. The new SDADME was distributed to the central and regional participants during this workshop.

Activity 1.1.2: Revise the list of tracer drugs

The SDADME dissemination workshop was combined with the revision of the tracer drugs list. SIAPS provided technical assistance to the DPM for the revision of the tracer drugs list. The new tracer drugs list is based on the 2012 revised national essential medicines list.

Activity 1.1.3: Map and develop a register of pharmaceutical structure establishments in Mali (importers, wholesalers, pharmacies)

SIAPS was not able to conduct the mapping of pharmaceutical structures because of the insecurity in the north of Mali. After discussion with the Mission, it was agreed to postpone this activity.

Sub-IR 1.2 Mechanisms for national forecasting, quantification, and supply planning of key pharmaceuticals are consolidated and made more efficient

The activities planned under this sub-IR included support to national stakeholders to activate and strengthen the technical committee for quantification, forecasting, and supply planning for key commodities and to develop national supply plans for key commodities and update

them on a quarterly basis. Additionally, SIAPS had planned to support national stakeholders to develop distribution plans for key commodities.

Activity 1.2.1: Improve the existing mechanisms for coordinating quantification, forecasting, distribution, and corrective actions for the supply of health commodities

Supply chain coordination in Mali is done through thematic groups whose members include the MOH and various implementing partners for key public health programs. Several meetings and discussions occurred with the DPM, the *Pharmacie Populaire du Mali* (PPM, the central medical store), and the PNLP; agreement was reached to have only one committee with subcommittees coordinated by the DPM. The Global Fund also recommended this type of structure.

During this semester, SIAPS continued advocacy for a national technical coordination committee. This technical committee will be led by the DPM and will include all partners involved in the Malian supply chain. The scope of work for this committee (supply plan revisions, forecasting, sharing stock levels, monitoring supply plans, analyzing logistics data reports, making decisions to avoid stock-outs and overstock, etc.) was discussed with the MOH in November 2012 and March 2013. The DPM will call the first meeting of this committee during the next quarter.

SIAPS also contributed to this objective by assisting the PNLP team to organize a coordination meeting on November 1, 2012, to share information regarding malaria commodities stock levels and the results of the malaria commodities quantification conducted with SIAPS technical assistance. The purpose of this meeting was to bring around a table all partners involved in the malaria commodities supply plan to discuss the stock levels, to review the status of orders, and to make decisions.

Activity 1.2.2: Provide technical support for tracking the deliveries planned and updating the supply plan for key pharmaceuticals

During the coordination meeting held by the PNLP, which involved all partners, SIAPS assisted the PNLP to collect data and information on commodity deliveries and distribution. These data were used to update the supply plan for malaria commodities. This revised supply plan was included in the PNLP procurement, supply, and management plan and was validated by the Global Fund.

Regarding FP commodities supply planning, USAID suspended its direct support to the Malian government, particularly its support to fp activities, following the events that occurred in Mali on March 22, 2012. This suspension negatively affected the availability of contraceptives in community health center depots throughout the entire the country.

The mechanisms for conducting forecasting and supply plan revisions include coordination meetings with national stakeholders and key partners involved in the supply plan. With the restriction that occurred after the coup d'état, SIAPS was not able to conduct this activity for FP commodities with the national stakeholders. Therefore, SIAPS assisted the USAID-implemented partners (ATN Plus, PSI, and PKCII) to revise forecasting and the supply plan for contraceptives in January and February 2013.

Activity 1.2.3: Provide technical support to the PNLN to develop distribution plans for key commodities

During this semester, SIAPS assisted the PNLN in the elaboration of distribution plans for malaria commodities (SP, RDTs, and artemisinin-based combination therapy [ACT]).

The distribution plans were based on the burden of malaria in each region and district, according to data from the 2011 Statistical Yearbook. Additional data, such as information on populations displaced following the March 2012 coup d'état, were also taken into consideration. Further adjustments were made based on data collected in the field during the EUVS conducted from September 22 to October 9, 2012, and during the Logistics Indicator Assessment Tool (LIAT) assessment also conducted in October 2012. The decision was made to keep a buffer stock from this shipment at the PPM Central Warehouse in Bamako. In those cases where district pharmaceutical warehouses had specifically sent orders to the PNLN for the commodities in this shipment, the quantities sent to the districts equaled the quantities that were ordered.

IR 2: Capacity for pharmaceutical supply management and services increased and enhanced

SIAPS Mali, through Objective 2 of its year 2 work plan, should improve the capacity for pharmaceutical supply management by strengthening capacity of key actors in Mali's supply chain and reinforce mechanisms for distribution.

The following activities were planned: trainings of trainers and users on LMIS standard operating procedures (SOPs), supervisions at all level of the health system, quantification exercise, and proposed option to reinforce the distribution of commodities at the lowest level.

During this semester, progress toward this goal aimed at a quantification and procurement plan for contraceptives and the adoption of a plan and a distribution option for contraceptives in a suspension context.

Sub-IR 2.1 Capacity of key actors in Mali's supply chain strengthened

Activity 2.1.1: Strengthen technical capacity of two DPM managers, one PNLN manager, and 1 PPM manager in LMIS

This activity was planned for the next quarter.

Activity 2.1.2: Support quantification exercises for contraceptives, malaria, and key MCH commodities

SIAPS Mali supported a needs estimation of contraceptives for the public and private sectors in January and February 2013. This activity involved only USAID-implemented partners and not the MOH because of the restriction regarding FP activities implementation.

Activity 2.1.3: Train trainers in use of the new LMIS SOPs

During this semester, the new SOPs were developed; the next steps for this activity will be to develop training modules for each level of the health system according to this redesigned LMIS system. After that, training of trainers and training of users will be organized.

Activity 2.1.4: Train users in use of the new LMIS SOPs

The trainings of users will follow the training of trainers planned for the next semester.

Sub-IR 2.2 Mechanisms for distributing commodities improved

Activity 2.2.1: Propose options for strengthening the distribution and transportation of donated pharmaceuticals from the district level to community health facilities

To continue distribution of contraceptives in the community health centers, the USAID/Mali Mission put in place a contingency plan through several of its implementation partners, including SIAPS, PSI, and ATN Plus. This plan consists of the development of a provisional supply chain to make medicines available to communities through the community health centers. SIAPS provided technical assistance to put in place this contingency plan whose objective is to guarantee continuous access to contraceptives at community level despite the suspension of procurement activities for FP products with the Malian government.

After several coordination meeting led by SIAPS, all USAID involved partners agreed on the following—

- SIAPS will develop a distribution plan to be used to distribute contraceptives from the central level to the CSCOM (more than 900 CSCOM supported by USAID).
- PSI will stock the contraceptives purchased and delivered by USAID in its warehouses for the public and private sectors.
- ATN Plus will transport the contraceptives from PSI's warehouses to the community structures according to the distribution plans provided by SIAPS. To do this, ATN will rent provisional warehouses in the health districts.

Activity 2.2.2: Support biannual supervision at regional and community levels

Planned for next semester.

IR 3 Pharmaceutical management information available and used for decision making at different levels of the Malian health system

In Mali key weaknesses in the pharmaceutical sector include unavailability of regular, reliable pharmaceutical management information for decision making and an inadequate and fragmented logistics system that does not take into account the community level in terms of stock management tools and inventory system. As a result, stock-outs of life-saving commodities are frequent at all health service delivery points.

SIAPS Mali's third objective is to render available pharmaceutical management information for decision making at different level of the Malian health system.

During this quarter, SIAPS Mali focused on building on the Malian LMIS assessment conducted in the first year of the project. It supported Mali's MOH to redesign the LMIS with an aim of improving inventory management, recording, and transmitting LMIS data; improving ordering and order fulfillment; reducing stock-outs; and improving availability of health commodities at all levels of the health system.

Sub-IR 3.1 Pharmaceutical management information systems support both products and patients

Activity 3.1.1: Track and report on the availability of malaria commodities through the PPMRm

The PPMRm is a mechanism for collecting and reporting data to PMI on availability of malaria commodities at the central level of a health system on a quarterly basis to inform PMI's procurement planning. The reports are submitted to USAID/Washington.

Two PPMRm reports along with ACT and RDT needs estimation were submitted on October 2012 and January 2013. These data collected through PPMRm were shared with decision makers to facilitate procurement decisions for malaria commodities and to help the PNLN to make distributions plans for malaria commodities (SP and RDT) received in the country.

Activity 3.1.2: Track the availability of contraceptives through the PPMRc

This activity is suspended because of the restriction on FP activities.

Activity 3.1.3: Conduct Two EUVS exercises

In November 2012, technical assistance was provided to the PNLN to organize the dissemination of the EUVS carried out in September 2012. All the Regional Directorates of Health were present. The findings of the survey were shared. At the end of the workshop the following recommendations were made—

- Take into account the integration of key malaria logistics indicators in the next revision of the tools (consumption data, stock levels, losses and adjustments, stock-outs).
- Ensure the establishment of a functional LMIS.
- Make available the revised SDADME at all levels of the health pyramid.
- Conduct regular supervision of the implementation of the revised SDADME.
- Make reference guidelines for malaria case management available.
- Monitor the supply and distribution of donated commodities, especially between the regional level and the community level.

- Conduct supervision training visits at health facilities level.

The next EUV is planned for June 2013.

Activity 3.1.4: Redesign the LMIS according to the results and recommendations of the assessment (Logistics System Assessment Tool; LSAT), and start the implementation of the new tools at all levels of the system, including the CCM

SIAPS assisted the DPM (MOH) to organize a national workshop to redesign the LMIS in March 2013 with the key actors of the Malian supply chain from all levels of the health system (central, regional, district, and community). USAID implementing partners including PSI, ATN Plus, and PKCII also participated to this workshop. During the redesign workshop, the role and responsibilities regarding the Malian logistics information system for pharmaceuticals were specified. All the participants agreed on tools, frequency, and mechanisms to report logistics data from the community level to the central level.

The output of this workshop was the development of an SOP manual for the management of the pharmaceuticals logistic information system in Mali.

During the manual development workshop, the community health workers (CHWs) were recognized and included as actors at the operational level. Their role and responsibilities in the LMIS were determined; data collection and reporting tools for logistics management were identified, the reporting period was fixed, and job aids for the use of these tools were created.

IR 4 Strengthening financing strategies and mechanisms to improve access to medicines

Sub-IR 4.1 Financial access to medicines is improved

Discussions occurred with the MOH to plan this activity for the next semester.

Technical Activity Coordination and Monitoring

Work Planning

The SIAPS year 2 work plan was approved on December 2012.

Technical Coordination Activities

Technical coordination activities during this semester (October 2012–March 2013) focused on administrative and technical meetings. SIAPS participated in several coordination meetings with the Mission and with the technical services of the MOH (PNLP and DPM) for monitoring the implementation of planned activities

- On October 24, 2012, the SIAPS team, USAID, PSI, and PNLP held a coordination meeting to estimate the quantity of ACTs that PMI will have to purchase in 2013 for Mali.

- SIAPS also participated in a consultation workshop on the routine distribution of long-lasting insecticidal nets, organized by PSI and the PNLP in October 2012.
- An internal technical meeting was organized by SIAPS to review and validate the LMIS assessment report.
- SIAPS participated in the PNLP strategic plan development in January 2013.

During the second quarter of year 2, SIAPS Mali participated in various coordination activities regarding the following—

- Coordination meeting with USAID, PSI, ATN Plus, and PKCII to prepare the quantification and distribution plans for FP commodities (January and February 2013)
- Contribution to the PRODESS and PDDSS revision process by participating in the thematic group Medicines and Health System Strengthening meetings led by the DPM and the MOH (January 2013)
- Coordination meeting with the MOH (DPM, PNLP, PPM) and with USAID implementing partners (ATN Plus, PSI, MCHIP, PKCII) to prepare and develop SOPs for essential medicines LMIS (February and March 2013)
- Coordination meeting with CCM focal points (USAID implementing partners, UNICEF, MOH, etc.) focused on presenting consensus on logistics and reporting tools to be used by CHWs

SIAPS also continued steps to renew the office registration, which began in January 2013.

Recruitment

Three new staff members joined the SIAPS Mali team by January 14, 2013—

- Two Regional Technical Advisers (Dembele Mahamadou and Abou Bayoko)
- One Monitoring and Evaluation Technical Adviser (Aligui Yattara)

SIAPS Mali is in the process of hiring a new Senior Technical Adviser to replace Fatoumata Diallo, who resigned at the end of December 2012.

TDY to Mali and Short-Term Technical Assistance

Two TDY occurred in Mali during the first semester of year 2—

- January 13–20, 2013, Operations Officer Dan Brame’s trip to Mali
The purpose of the visit was to work with the SIAPS Mali team to review financial documentation to ensure that SIAPS, as implemented by Management Sciences for Health, is complying with its SOPs and donor regulation. The output of this activity was to identify areas for improvement as necessary and to craft improvement plans with the Office Manager and Country Project Director.

- March 4–23, 2013, Seydou Doumbia and Suzanne Diarra
The purpose of the technical assistance visit is to build on the assessment conducted in the first year of the project by working with SIAPS Mali to support the Mali MOH to redesign the LMIS. The goals are improving inventory management, recording and transmitting LMIS data, improving ordering and order fulfillment, reducing stock-outs, and improving availability of health commodities at all levels of the health system.

Office Management and Operations

There were no major developments on office management between April 2012 and September 2012.

Challenges and Opportunities

- Some activities (such as mapping pharmaceuticals structures) cannot be implemented because travel is not allowed in northern Mali for security matters.
- Malaria commodities stock available at the central level was not sufficient for distributions plans, so some adjustments were made. The district did not receive the required quantities it should have done.
- Suspension of FP activities with the MOH.

Next Steps

IR 1: Pharmaceutical sector governance strengthened

Improve the existing mechanisms for coordinating quantification, forecasting, distribution, and corrective actions for the supply of health commodities—

- Assist the DPM to organize the first meeting of the national technical committee.
- Provide support to DPM for reproduction and dissemination of the revised SDADME at the regional level.

IR 2: Capacity for pharmaceutical supply management and services increased and enhanced

Capacity of key actors in Mali's supply chain strengthened—

- Strengthen technical capacity of two DPM managers, one PNL manager, and one PPM manager in LMIS.
- Train trainers in use of the new LMIS SOPs.
- Train users in use of the new LMIS SOPs.

- Train malaria program managers on malaria quantification based on new quantification manual developed.

IR 3: Pharmaceutical management information available and used for decision making at different levels of the Malian health system

- Prepare and submit the PPMRm report (collection and organization of data, preparation and submission of reports in country, validation of reports with the MOH prior to report submission to USAID/Washington).
- Update ACT and RDT World Health Organization needs estimation report.
- Conduct one EUVS.

IR 4: Strengthening financing strategies and mechanisms to improve access to medicines

Financial access to medicines is improved—

- Conduct survey to measure compliance with the drug pricing policy (including donated drugs).
- Participation in the Global Fund meeting.

ANNEX 1. USAID/MALI HEALTH INDICATORS AND TARGETS

Program element	Indicator	IP reporting	Geog. focus	Disaggregate.by:	FY09 Base	FY10 Targets	FY10 Results	FY11 Targets	FY11 Results	FY12 Targets	FY12 Semester 1	FY13 Targets	Observation
MCH/FP/RH	Couple-Years of Protection (CYP) in USG-supported programs (S)	SIAPS	National	No	440,362	400,000	444,928	460,000	537,267	552,000	291,600	717,600	
MALARIA	Number of ACT treatments purchased by other partners that were distributed with USG funds	PMI, SIAPS	National	Not	NA	NA	NA	NA	NA	TBD	123,467	TBD	
	Number of ACT treatments purchased in any fiscal year with USG funds that were distributed in this reported fiscal year	PMI, SIAPS	National	Facilities/CHW (HBMF, CCM)	330,589	400,000	500,000	1,289,190	739,190	2,100,000	1,255,617	1,500,000	
	Number of RDTs purchased in any fiscal year with USG funds that were distributed to health facilities in this reported fiscal year	PMI, SIAPS	National	No	NA	NA	530,000	500,000	TBD	TBD	336,150	TBD	
	Number of SP tablets purchased with USG funds that were distributed to health facilities	PMI, SIAPS	National	District	3,000,000	NA	NA	0	0	3,186,000	998,000	3,500,000	

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Program element	Indicator	IP reporting	Geog. focus	Disaggregate.by:	FY09 Base	FY10 Targets	FY10 Results	FY11 Targets	FY11 Results	FY12 Targets	FY12 Semester 1	FY13 Targets	Observation
CROSS-CUTTING	Number of policies or guidelines developed or updated with USG-assistance to improve access to and use of high impact health services (C)	ATN Plus, UNICEF, SIAPS, PCKII	National	Program area	25	13	28	13	20	20	2	20	- Tracer drugs list is updated - SOPs for LMIS were developed
	Percentage of facilities that had all tracer medicines and commodities in stock in the last three months (C)	SIAPS	National	District	NA	NA	NA	NA	NA	60	CSCOM=60%		Only for key malaria commodities in September 2012

ANNEX 2. PROPOSED RESULTS FRAMEWORK FOR SIAPS MALI YEAR 2

