



Success Story

In Mozambique, Improved Supply Chain Reporting Means Better Access to Health Commodities



In Sofala Province, the provincial director for health addresses district medical doctors during a 2014 quarterly meeting.

“Quarterly meetings are important for the province—they provide a platform to discuss and analyze our data to improve performance. Through the meetings we have seen more districts starting to report and we have also managed to harmonize the data collection process for malaria.”

Dr. Bertur Alfafe, Chief Medical Doctor, Gaza Province

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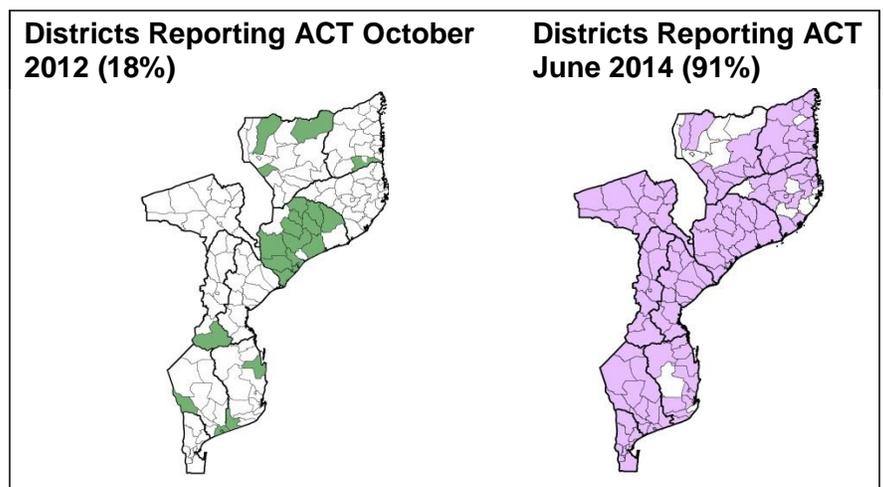
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When CMAM (Central Medical Stores) introduced provincial quarterly meetings and reinforced supervision visits to the provinces in Mozambique, it wasn't just complying with a requirement of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to provide consumption data for artemisinin-based combination therapy (ACT) and rapid diagnostic tests (RDT). It was also improving the district reporting rates to enhance CMAM's ability to make data-based decisions that will, in turn, mean better access to health commodities for clients.

CMAM depends on district reports for effective forecasting, supply planning, procurement, and distribution of essential health commodities. The availability of consumption data will also improve the accuracy of the quantification of ACTs and RDTs, decreasing the risk of stockouts and expiries.

In mid-2011, at the insistence of the Global Fund, CMAM created a mechanism to better capture district consumption data. At the beginning of the effort, in October 2012, the districts' ACT consumption data reporting rate was 18 percent (22 districts reporting).

Figure1. District Reporting Rates for ACTs

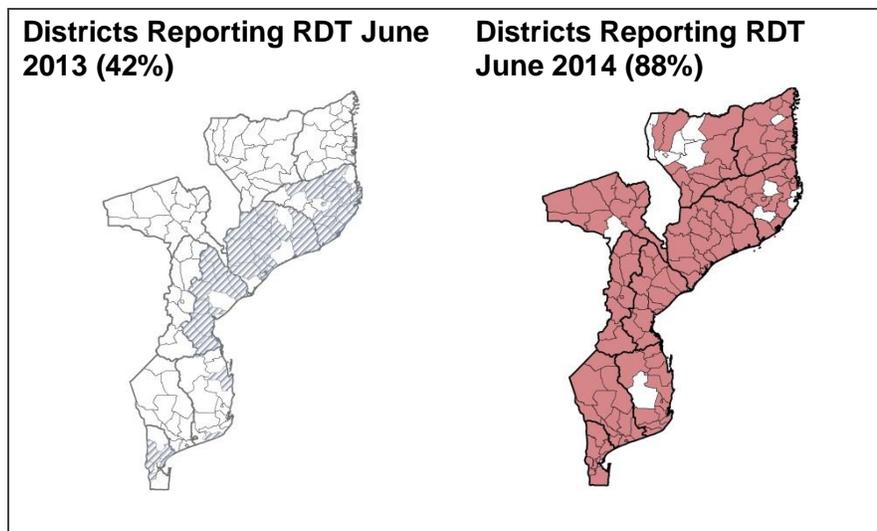


In June 2013, the RDT reporting rate was 38 percent (42 districts reporting). After a substantial effort by CMAM, the non-responsive districts had been transformed into effectively reporting ones. By June 2014, the reporting rates for ACTs and RDTs had increased to 91 percent and 88 percent respectively.

CMAM began to address the data availability challenge by instituting quarterly provincial meetings and regular supervision visits. Quarterly meetings are an important intervention because they provide a platform for efficient and effective feedback. They include provincial and district medical officers, staff responsible for warehouses at the provincial and district levels, and regional supervisors. At the meetings, participants discuss issues surrounding health commodities management, including data quality, analysis, and reporting rates in the province.

The quarterly meetings have helped CMAM promote a culture of reporting by demonstrating to participants that the data they send to higher levels will impact the availability of products at service delivery points.

Figure 2. District Reporting Rates for RDTs



In addition to establishing the quarterly meetings, CMAM sends supervision teams to provincial warehouses, selected district warehouses, and several health facilities within each district. Provincial pharmacy managers accompany the teams to help identify gaps, take immediate corrective steps, and collect information to plan longer term preventive actions. Supervision visits focus on stocktaking, SIMAM-LMIS data verification, and report tracking. In addition, the teams conduct on job-the-training during which skill gaps are identified.

As of July 2014, all 11 provinces have participated in quarterly meetings and supervision visits, leading to much higher reporting rates for ACT and RDT consumption data. With support from the USAID | DELIVER PROJECT, CMAM will continue to work with provinces and districts to ensure data accuracy and timely reporting. Although the impact that these meetings have had on data availability and timeliness has been most drastic for ACT- and RDT-related data, it is also causing a spillover effect leading to improved data for other commodity categories.

Task Order 7 supports USAID's goal of reducing the malaria burden in sub-Saharan Africa by procuring and delivering safe, effective, and high-quality malaria commodities; by providing technical assistance and on-the-ground logistics expertise to strengthen in-country supply systems and build capacity for managing commodities; and by improving the global supply and long-term availability of malaria commodities.

The authors' views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

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