

**Annual Activity Report on SIAPS Mali FY13 Funds:
October 2013–September 2014**

October 2014



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SIAPS 
Systems for Improved Access
to Pharmaceuticals and Services

Systems for Improved Access to Pharmaceuticals and Services Annual Activity Report on SIAPS Mali FY13 Funds

October 2013–September 2014



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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

AL	artemether-lumefantrine
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)
DRS	<i>Direction Régionale de la Santé</i> (Regional Direction of Health)
EUV	End User Verification survey
FP	Family planning
GHI	Global Health Initiative
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IR	Intermediate result
LMIS	Logistics management information system
MCH	Maternal and child health
MDG	Millennium Development Goal
MoH	Ministry of Health
NMCP	National Malaria Control Program
NTD	Neglected tropical disease
PMI	President's Malaria Initiative
PMP	Performance Monitoring Plan
PPM	<i>Pharmacie Populaire du Mali</i> (Central Medical Stores)
PPMR	Procurement Planning and Monitoring Report
PR	Principle Recipient
RDT	rapid diagnostics test
SIAPS	Systems for Improved Access to Pharmaceuticals and Services Program
SOP	standard operating procedure
STG	standard treatment guidelines
TWG	technical working group
USAID	US Agency for International Development

EXECUTIVE SUMMARY

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program in Mali aims to increase access to quality essential pharmaceutical products and optimal pharmaceutical services. Sponsored by the US Agency for International Development (USAID), SIAPS Mali has four major objectives:

- Strengthen pharmaceutical sector governance
- Increase and enhance capacity for pharmaceutical supply management and services
- Ensure the use of information for decision-making
- Improve pharmaceutical services to achieve desired health outcomes

In its first and second years, SIAPS interventions were focused on disseminating at the central and regional levels the Essential Medicines Supply and Distribution Plan (Schema Directeur d'Approvisionnement et de Distribution des Medicaments Essentiels, or SDADME), a document that describes Mali's supply chain and all the tools that actors in the pharmaceutical sector have to use to manage and track pharmaceuticals.

SIAPS also conducted an assessment of the existing logistics management information system (LMIS), based on the findings, new LMIS standard operating procedures (SOPs) including reporting tools for each level of the system, were developed. A regional pool of trainers was also put in place to train users in operating the new system.

During its third year, SIAPS focused on the implementation of the redesigned LMIS and the training of actors involved in stock management, with LMIS tools and trainings disseminated at the central and district levels. Support was also given to the MoH for matters involving pharmaceutical governance, coordination, and dissemination of standards and norms.

SIAPS also worked on strengthening the coordination and technical capacity of structures in the supply chain to improve quantification and supply planning. This involved:

- Helping the Directorate of Pharmacy and Medicines (Direction de la Pharmacie et du Médicament, or DPM) and the National Malaria Control Program (NMCP) to improve existing quantification mechanisms (commodities forecasting and supply planning). A national committee that oversees and coordinates medicines supply chain was put in place. Its terms of reference (TOR) were updated, the roles and responsibilities of the members were clarified, and a calendar of activities was established to ensure that the work of the mechanism is implemented.
- SIAPS provided training to working groups for malaria and family planning to support quantification exercises. During this training, quantification guides and tools (Reality Check, Quantimed and Pipeline) were introduced to promote consistency, efficiency, and transparency in the quantification process.
- To remedy the deficiencies and reduce the gaps identified by Malian central medical store called Pharmacie Populaire du Mali (PPM), SIAPS assisted the PPM to develop a five-year strategic plan that will guide the organization on the goals to be achieved, key objectives and related interventions, direction, responsible parties, resources required, timelines and how to monitor the implementation of PPM activities towards accomplishment of a stronger and better PPM that meets minimum international standards of a public health procurement and supply chain management.

To strengthen the pharmaceutical sector governance, SIAPS/Mali helped the DPM develop and disseminate a guideline for supportive supervision for the LMIS.

BACKGROUND

In Mali, key health commodities such as antimalarials, family planning, maternal and child health (MCH) commodities, and other essential pharmaceuticals are frequently unavailable at various different levels of the health system. A lack of readily available information on health commodities necessary for planning by the government, donors and technical partners presents a further challenge. The key obstacles to the effective functioning of Mali's pharmaceutical supply and services are:

- Lack of strategic information for decision-making
- Inadequate coordination among key stakeholders in the pharmaceutical sector
- Poor capacity in pharmaceutical management of stakeholders at the operational level
- Irrational use of medicines by physicians and dispensers
- Inadequate implementation of policy documents and guidelines for key diseases
- A cost recovery system contrasts with the free medicines policies

SIAPS focuses on improving the information management systems and stock management and on building the capacity of the MOH in pharmaceutical governance, coordination, and the dissemination of standards and norms. To achieve these objectives, SIAPS works closely with the DPM, PPM, NMCP, the National Department of Health (DNS), and the Regional Departments of Health (DSR).

In the first two years of the program, SIAPS interventions focused on implementing the SDADME at the central and regional levels. SIAPS also assessed the existing LMIS and assisted the MOH in a system redesign, the development of new SOPs, and the trainings of a regional pool of trainers knowledgeable in operating the new system.

SIAPS also worked on strengthening the coordination and technical capacity of the DPM and NMCP to improve quantification practices for malaria and family planning commodities, and developed new quantification guides and tools to promote consistency, efficiency, and transparency in the quantification process. In addition, SIAPS assisted other USAID implementing partners in the forecasting and supply planning of family planning commodities.

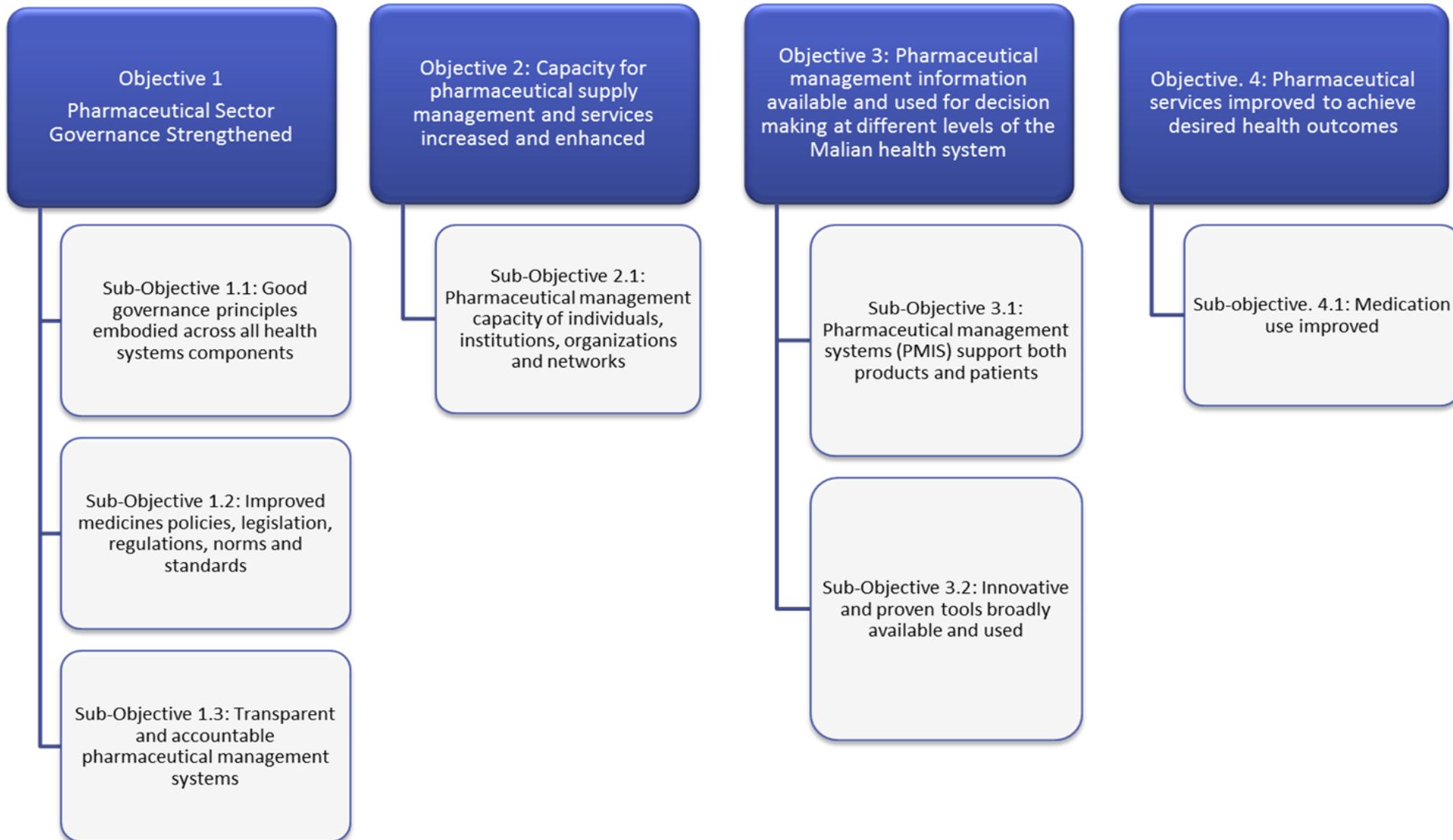
SIAPS FY13 FUNDING:

\$1,500,000 MCH

\$ 550,000 POP

\$ 500,000 PMI

UPDATE ON THE PROGRESS OF SIAPS/MALI FY13 ACTIVITIES



Objective 1: Pharmaceutical Sector Governance Strengthened

Sub-Objective 1.1: Good governance principles embodied across all health systems components

SIAPS aims to assist the DPM and other national stakeholders in creating a national committee to coordinate and monitor health commodities, supporting the MoH in the quantification of commodities and the development of distribution plans.

Activity 1.1.1: Support the DPM in organizing the quarterly meeting of the national technical committee for the coordination and monitoring of health commodities

Six technical coordination meetings, chaired by the technical advisor to the Minister of Health Technical Advisor in charge of medicines, were held in 2014. For the first meeting, stocks status and commodities pipelines were presented for malaria, tuberculosis (TB), HIV, maternal and child health (MCH), and family planning (FP) products. Supply chain issues related to health commodities issues were discussed and recommendations for improvement were made.

For the second meeting, the results of family planning quantification, conducted by the recently established Technical Working Group (TWG) were presented for validation. The process and the action plan for the malaria quantification planned for May 2014 was also presented and discussed by the whole coordination committee.

In June 2014, medicines forecasting that was conducted using the morbidity method and related supply plans for family planning and malaria commodities were validated by the committee. This was followed by an FP TWG meeting in August, which focused on updating the FP commodities supply plan. After the meeting, the MoH sent requisition letters to all partners involved in the supply plan — the UN Population Fund (UNFPA), USAID, the World Bank, and PPM—so that they could procure FP commodities for 2014 and 2015 as per national expectations and their individual commitments as laid out in the national supply plan.

The September meetings focused on the HIV commodities quantification process, with the MoH asking SIAPS for technical assistance in conducting HIV quantification activities. Nine civil society organizations actively participated in those meetings, which helped to establish a consensus on the national FP and malaria supply plans, as well as make decisions on supply chain issues.

Activity 1.1.2: Provide technical support to the national quantification committee

The subcommittee in charge of quantification process was put in place in February 2014, including one TWG for each priority disease (malaria, family planning, TB, and HIV).

In March 2014, the TWG for FP conducted the quantification process for contraceptives with SIAPS support. A US-based quantification expert from SIAPS facilitated training for a short-term technical assistance project for which a quantification exercise was conducted. Reality Check and PipeLine software were used for the forecasting and supply planning of FP

commodities. Demographic and consumption methods were used for the forecasting in the public and private sector, and the supply plan for 2014–18 was developed.

A quantification workshop was conducted successfully on March 5-11, 2014. Twenty-one participants from DPM, PPM, UNFPA, PSI, MSI, DSR, and SIAPS actively participated in the workshop, which covered discussions and exercises on:

- Quantification concepts and steps
- Forecasting data, methodologies, calculations and practical applications
- Issues in quantifying FP commodities
- Data collection, organization, analysis and adjustment for quantification
- Assumptions and decision-making for quantification and interpreting results
- Supply and procurement planning concepts
- Reality Check for the forecast of FP commodities
- Pipeline for the supply planning of FP commodities

Data from the FP program/DPM were discussed, analyzed, validated, and applied to quantification exercises during the workshop. Participants discussed how the principles, steps and tools could be applied in Mali to ensure continuous availability of the products while at the same time avoiding overstocks and reducing the chance of expiry. Challenges and recommendations were drawn from further discussions.

With SIAPS support, 10 members of the TWG for malaria commodities (established in January 2014) were trained in Quantimed and Pipeline software, and carried out the quantification for malaria commodities in May/June 2014. Quantimed was used for commodities forecasting, and Pipeline was used for supply planning. Demographic and consumption methods to be used for the 2014-18 forecasting and supply plan were also developed.

Activity 1.1.3: Provide technical support to the NMCP to develop distribution plans for malaria commodities

From November 2013 to September 2014, SIAPS provided assistance to NMCP to develop six distribution plans for all shipments antimalarial commodities funded by the President’s Malaria Initiative (PMI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), including at the regional and district levels.

Table 1. Distribution Plan based on Logistics Data and Morbidity Data for the Following Commodities

November 2013 (2 distribution plans)	artemether-lumefantrine 20/120 mg/ 6, 12, 18, and 24 tablets and sulfadoxine pyrimethamine
April 2014	artemether-lumefantrine 20/120mg /6, 12 and 18 tablets and sulfadoxine pyrimethamine
June 2014	rapid diagnostic test
July 2014	artemether-lumefantrine 20/120 mg/ 6, 12, 18 and 24 tablets
September 2014	artemether lumefantrine 20/120 mg 12 tablets and rapid diagnostic test
October 2014	sulfadoxine pyrimethamine

Based on the LMIS system being implemented, the distribution of all commodities, including donated malaria products, followed a pull system (requisition-based delivery) from the central level to the community health centers (centres de santé communautaires, or CSCOM) and a push system from CSCOMs to the community level through community health workers (CHWs). SIAPS continued supporting the MoH as it rolled out the new LMIS SOPs.

Sub-Objective 1.2: Improved Medicines Policies, Legislation, Regulations, Norms, and Standards

Activity 1.2.1: Support the DPM in applying the LMIS SOPs and tools (Compte Rendu de Gestion des Stocks [CRGS]), stocks cards, LMIS SOPs) to the management of key commodities (malaria, MCH, FP)

To improve the availability and the use of pharmaceutical management tools, norms, and standards for medicines management, SIAPS supported the DPM in producing stock cards, the CRGS logistics data report tool (Compte Rendu de Gestion des Stocks [CRGS]), and the new LMIS SOPs manual. The tools were disseminated at health centers during the LMIS user training workshops and regional quarterly meetings. Production and provision of management tools in health centers enabled managers to ensure uninterrupted availability of life-saving commodities, to improve best practices of pharmaceutical management and to enhance a reporting process of logistics data to higher levels to facilitate evidence-based decision making.

The tools have been received at 11 of 62 health districts, all 6 communes of Bamako, 4 of 9 hospitals, all 44 DRC, and 440 of 1,032 CSCOMs. SIAPS planned to continue the dissemination of these pharmaceuticals management tools during the incoming year.

Activity 1.2.2: Adapt supervision guideline tool

With the aim of improving norms and standards, SIAPS committed to assisting the DPM in reviewing supervision tools to be used for the implementation of the LMIS during post-training activities.

This supervision guideline, a key document that will help to standardize supportive supervision activities at all levels of the health system, was developed by January 2014 with the participation of public bodies at the central and regional levels. Support was also given by organizations, including Population Services International (PSI) and the UN Development Program (UNDP), which are Global Fund principle recipients (PRs), and which will also support supervision exercises at the national level. Existing supervision tools were identified and a workshop with actors at the central and regional levels was organized for January 27-31, 2014. Presentations on the minimum requirements of a supportive supervision tool and key components of supervision guidelines allowed participants to adapt existing tools and to produce a draft outlining Malian supervision tools for the supply chain.

This draft was reviewed, edited and formatted. The final version of the Mali pharmaceutical sector supportive supervision guidelines, including tools for all levels, was made available and used by the MoH and its partners.

Activity 1.2.3: Provide support to NMCP for reproduction and dissemination of the revised guidelines at all levels

The PNLP requested that SIAPS provide financial and technical support for the reproduction and dissemination of the malaria case management revised standard treatment guidelines (STGs). SIAPS agreed to reproduce the new guidelines and disseminate them during regional coordination meetings. Discussions subsequently took place with USAID and PSI on leveraging resources. It was determined that support for these activities would be carried out in collaboration with PSI and NMCP.

Sub-Objective 1.3: Transparent and accountable pharmaceutical management Systems

Activity 1.3.1: Provide technical assistance to PPM (central warehouse) to develop and update SOPs

In March 2014, during a short-term technical assistance visit conducted by US-based staff and an international consultant, SIAPS/Mali assisted the PPM in reviewing its SOPs and in developing a five-year strategic and business plan. The process comprised a document review, in-country rapid analysis, stakeholder consultations, site visits, and the collection and analysis of data for modeling.

The first phase of this technical assistance focused on addressing appropriate immediate needs and “quick fixes” and gathering information to be used for business/strategic plan development during the second phase, planned for June 2014. Specific technical assistance was provided to PPM to continue developing their five-year strategic plan. These activities were intended to improve supply chain coordination and transparency and to keep key pharmaceutical system actors more accountable. The strategic plan will guide PPM on the goals to be achieved, as well as the resources required, timelines, and how to monitor the implementation of PPM activities to ensure they meet minimum international standards for procurement and distribution agencies for public health supply systems.

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

Sub-Objective 2.1: Pharmaceutical management capacity of individuals, institutions, organizations, and networks strengthened

With the aim of building capacity of individuals and institution in pharmaceutical supply management, SIAPS/Mali helped the DRS to conduct six LMIS training sessions of warehouse and health information managers in January and March 2014. It also helped to train three key senior managers of pharmaceutical sector institutions and diseases programs in LMIS management. Stock managers in 11 health districts (out of 62) and from all six communes of Bamako were trained on the new LMIS.

Activity 2.1.1: Support the regional directions of health to train users in use of the new LMIS SOPs and to organize post training coaching and supervision

After the LMIS assessment and redesign, new SOPs focused on stock management and logistics information systems were developed and adopted. SIAPS provided assistance to the MoH to develop training materials for different levels of the health system. A pool of regional trainers was trained by October 2013.

During the first half of the year, SIAPS supported the DPM and DRS in conducting six training workshops, with a total of 138 participants, at the regional level for warehouse and health information managers. These trainings focused on warehouse management, storage, tools such as stocks cards, and logistics reporting tools, including requisition forms and how to calculate commodities needs, as included in the new LMIS SOPs.

Separate trainings were held in 11 districts and the six communes of Bamako during the second semester for CSCOM stock and information managers. Coaching visits were also conducted to ensure that the trainees were implementing their post-training action plans. This contributed to improving the quality of implementation of the new LMIS and SDADME, as well as to strengthening the capacity of users on the field to use the tools and report on logistics data. As of September 2014, 648 users were trained on the new LMIS SOPs and tools.

Activity 2.1.2: Train central/regional senior staff on the new supervision tools

New supervision guidelines were developed for each level of the Mali health system at the end of January 2014. In August 2014, SIAPS helped DPM to train 31 national and regional senior staff (24 males and 7 female) on the new supportive supervision guidelines and tools developed on January/February 2014. The output of this workshop was the development by each region of a supportive supervision implementation plan.

Activity 2.1.3. Provide assistance to the MoH (DPM and NMCP) to train the malaria quantification committee in using Quantimed and review the national quantification

With SIAPS support, 13 members of the TWG for malaria commodities were trained in Quantimed and Pipeline software and conducted a quantification process for malaria commodities in May and June 2014. Quantimed was used for commodities forecasting and Pipeline was used for the supply planning. Demographic and consumption methods were used for the forecasting and supply plan were developed for 2014-18.

Activity 2.1.4. Strengthen technical capacity of two DPM managers and one NMCP manager in LMIS

In the context of strengthening managerial competence of institutions involved in the pharmaceutical management, SIAPS supported the trainings of four managers involved in the management of medicines and at the central level in 2013. These trainings improved their understanding of LMIS and better defined their roles in the implementation of the LMIS. To maintain the momentum of understanding and adherence, SIAPS financially supported the training of three other managers (two DPM and one NMCP) in March 2014 in Burkina Faso.

Activity 2.1.5. Strengthen technical capacity of PPM procurement officer

PPM is in the process of developing and implementing a quality-assurance process, which requires the revision and development of SOPs. SIAPS assisted PPM in revising their

strategic plan, including the business development process. SIAPS also helped to strengthen the technical capacity of the PPM quality assurance managers to facilitate the understanding and implementation of the quality process. With SIAPS financial support, the PPM quality assurance officer attended a three-week training workshop organized by the Committee for Medicinal Products for Human use (CHMP) in France in May and June 2014. An action plan was developed and progressively implemented to improve PPM operations.

Activity 2.1.6: Propose options for strengthening the distribution and transportation of pharmaceuticals from the district level to community health facilities

Regional coordination meetings and coaching conducted during the second semester have helped strengthen the distribution and transport of pharmaceuticals within the districts and CSCOM. In Segou, after the end-user verification (EUV) conducted in August and September 2014, SIAPS helped the DRS reallocate overstocked commodities recorded in some districts to address potential stock-outs in the Markala and Baroueli health districts and prevented wastage.

Activity 2.1.7: Support annual supportive supervision at regional, district and community level

This activity was postponed in November 2014.

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

Key weaknesses in the Malian pharmaceutical sector include a lack of availability of regular, reliable pharmaceutical management information for decision-making and an inadequate and fragmented logistics system that does not consider stock management and inventory systems at the community level. As a result, stock-outs of life-saving commodities are frequent at all health service delivery points.

SIAPS/Mali's third objective was therefore to render available pharmaceutical management information for decision-making at different level of the health system.

Sub-Objective. 3.1: Pharmaceutical management systems support both products and patients

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

SIAPS worked closely with the DPM, NMCP, PSI, and USAID/PMI to produce quarterly PPMRm reports. These have been as a useful mechanism to provide PMI/Washington with specific information on the availability ACTs, SP, and rapid diagnostic test kits for malaria at the PPM on a quarterly basis.

The PPMRm reports outlined:

- Stock on hand at the PPM

- Upcoming expected shipments for each antimalarial commodity (per partner, including PMI and Global Fund)
- Recommendations on critical actions to be taken by USAID and partners to respond to any urgent issues.

Recommendations made during this reporting period included:

- NCMP should finalize a distribution plan for health products available at the central level and make it available to the PPM
- NMCP should monitor the use of rapid diagnostics tests (RDTs) in the field to make sure they are administered in all cases of fever.
- An urgent delivery of the 117,354 doses of artemether + lumefantrine (AL) 20 mg/120 mg, 12 tabs, for children under five, originally scheduled by the Global Fund/PSI for April 2014.
- JSI/DELIVER should urgently deliver part of the 5,400,000 SP doses scheduled for delivery in June 2014.
- PSI and PPM should agree on distribution of Global Fund commodities that the country received since May 2014. This would involve signing a memorandum of understanding and clarifying roles and responsibilities for storage and distribution.
- SIAPS recommended that PPM accelerate distribution of SP, RDT, and ACT, according to the distribution plan provided by the NMCP in September 2014.
- The DPM should organize a meeting of the malaria TWG to present the country needs for malaria commodities for the next year and confirm donors' order commitments and the related supply plan and delivery calendar.

Activity 3.1.2: Track the availability of contraceptives through the PPMRc

After USAID lifted the suspension on FP activities in Mali, SIAPS conducted a data/information collection on contraceptives distributed by PPM during the first semester, along with data from PSI on couple years protection. A quarterly PPRMc was subsequently shared with USAID/Washington and DELIVER.

The key recommendation of this PPMRc report was to conduct an FP quantification with all partners (which took place on March/April 2014) and create a national supply plan for 2014-18. During the second semester, the PPMRc reports were developed but not submitted because of some issues related to the report validation process.

The DPM requested to have a user name and password to access the online PPMRc portal so that they could enter data themselves. As a result, DPM did not validate the report developed by SIAPS and the report was not submitted to USAID/W. Meanwhile, SIAPS and DPM continued discussing how to achieve a consensus.

Activity 3.1.3: Conduct EUV exercises and support dissemination of the results at the regional level

SIAPS coordinated with the NMCP to conduct two EUV exercises (the first in February 2014 and the second in August/September 2014) following the methodology previously developed by PMI in 2011. The EUVs were conducted in six regions of Mali and 86 facilities were visited.

The first EUV key findings and recommendations were the following:

- Malaria STGs were available in 83% (65/78) of the health facilities surveyed, though in some cases the guidelines were not followed. Future efforts should focus on supportive supervision to ensure guidelines are understood and used for malaria case management.
- Of uncomplicated under-five malaria cases, 21% (199/929) were not treated with ACT. Supervisions were not regular: only 59% of health facilities surveyed have received supervision on malaria case management during the last six months. We anticipate that with the recent relocation of SIAPS technical advisors relocated from Bamako to the regions since March 2014, SIAPS will assist the DRS with supervision and other activities, such as training, coaching, and coordination meeting.
- Only 36% of health facilities had the four presentations of AL. Efforts should be made to have 4 presentations of AL available at all facilities. To improve the availability of malaria commodities, SIAPS will assist NMCP in developing distribution plans for AL received in the country by March 2014. SIAPS will also follow up with the PPM and the district warehouses on the implementation of the distribution plans to ensure commodities reach the facility level.
- 32% of structures submitted stock reports on time.
- The findings of the EUV surveys regarding the supply chain and malaria case management will be disseminated so that corrective mechanisms can be implemented. SIAPS must help the NMCP and DRS to organize regional dissemination meetings, which will involve key actors. This will improve the implementation of recommendations and reduce stock-out at the lowest level.

The second EUV was conducted during the rainy season (August/ September 2014) in the same six regions of Mali and facilities as the first EUV exercise. This second EUV showed that:

- 97% of the health facilities had at least one presentation of AL the day of the visit (figure 1). However, the percentage of health facilities stocked out for three days or more in the last three months was still high. To improve availability of malaria commodities, SIAPS must assist NMCP in continuing to develop distribution plans for AL in the country. SIAPS helped strengthen follow-up activities with the PPM and the district warehouses to help implement the distribution plans and make sure commodities reach the facility level.

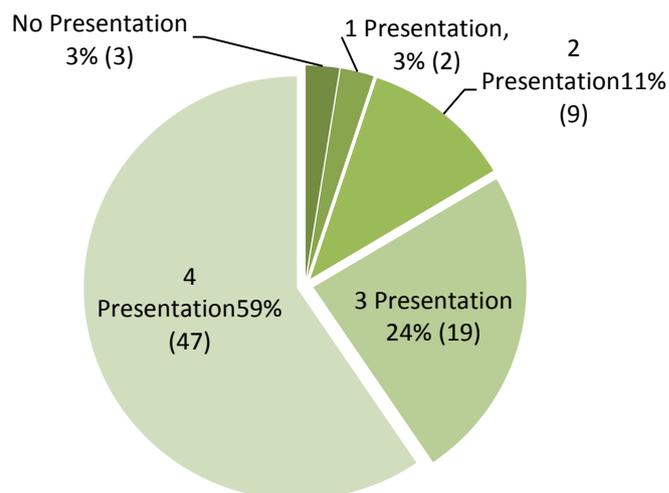


Figure 1. Index of Availability of ACTs on the day of visit (September 2014 EUV)

- Of structures surveyed during the EUV, 63% submitted stock reports and orders on time. SIAPS was in the process of training technical directors and stock managers at health facilities (CSCOM) on the new LMIS. It was hoped that continued training will lead to increased reporting rates.
- Malaria STGs were available in 65 of 79 health facilities. This was a good percentage of availability, but in some cases the guidelines were not followed. The data collected showed that 14.3% of malaria patients under age five with uncomplicated malaria cases did not receive an appropriate antimalarial. Future efforts should focus on supportive supervision to ensure guidelines are understood and utilized for malaria case management.

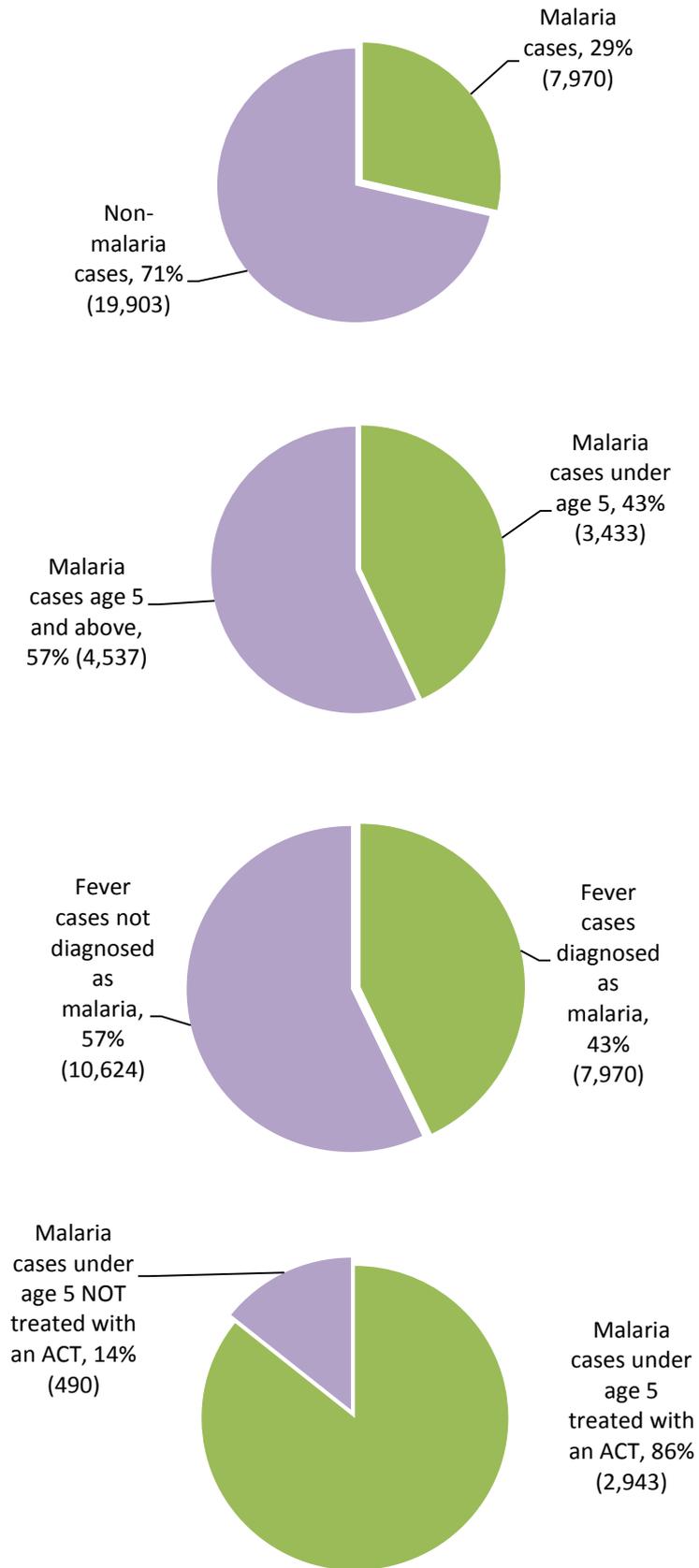


Figure 2. Malaria case management indicators^a

a. Total patient records examined from the previous month: 27,873

Activity 3.1.4: Provide support at the regional/district level to organize quarterly meeting to analyze and validate data for decision making on medicines/commodities management

In March 2014, SIAPS regional technical advisors moved to the regions. SIAPS offices were opened in four regions (Mopti, Segou, Sikasso and Kayes) inside the DRS while a Regional Technical Advisor in charge of Bamako Health District and Koulikoro Region remains in SIAPS office in Bamako.

One of the roles of SIAPS regional technical advisors is to support the DRS in organizing quarterly coordination meetings involving all district representatives and other organizations supporting the DRS in the supply chain. From March to September 2014, two regional quarterly meetings were held in Sikasso (May 21st and September 15th), Mopti (May 22th and August 15th), Segou (May 22nd and July 25th); 1 regional meeting was held in Kayes (July 15th), Bamako (May 27th), and Koulikoro (July 11th).

During these meetings, medicines stock status and logistics data for the region and for each district were presented, discussed and validated before their submission to the DPM. These meetings also allowed stakeholders to discuss on all pharmaceutical management issues including data quality, reporting rate, key findings, and other concerns identified during coaching visits. Major medicines supply chain bottlenecks and problems were discussed and all stakeholders identified customized corrective actions based on region- and district-specific contexts. SIAPS is helping the DRS implement the recommendations made during these meetings.

Activity 3.1.5: Provide support to the DPM to organize an annual national review meeting with the public sector pharmacists on collected LMIS data and consequent decision-making process

This activity was postponed until December 2014.

Sub-Objective 3.2: Innovative and proven tools broadly available and used

Activity 3.2.1: Conduct a feasibility assessment to determine the possibility of computerizing the new LMIS.

In Mali, pharmaceutical management reports are paper-based since the dispensing software CHANNEL, which UNFPA and WHO provided to DPM, did not meet expectations to electronically record, aggregate, and submit logistics data. As of June 2014, following the LMIS roll-out, the health facility reporting rate increased from about 9% in 2012 to about 32%.

To ensure regular availability of strategic information at the central level for evidence-based decision-making on the medicines supply chain, the MoH requested that SIAPS support the development of a dashboard that will enable the secretariat-general and DPM, as well as all other stakeholders, to consult relevant reports on stock status of malaria, FP, and MCH commodities.

In September 2014, SIAPS hired a consultant to start developing the dashboard by reviewing the existing reporting tools and processes for malaria, MCH, and FP commodities within the Mali health system. For this purpose, the PPM's main warehouse and selected other sites were visited to understand commodities distribution system and related documentation flow.

The consultant and SIAPS team subsequently discussed with the MoH, USAID and other stakeholders to identify their respective expectations, requirements and feedback after presenting a draft version of a dashboard malaria, MCH, and FP commodities. The next steps will be to update the dashboard based on feedback (October/November 2014), to conduct user acceptance testing (UAT), to develop a national-level roll-out Plan (January 2015) and to roll out the dashboard at the country and regional levels (February 2015).

The dashboard is designed to capture, track, aggregate, and make information about malaria, MCH, and FP commodities available and accessible for better and faster decision-making at national level. The web portal will assist MoH and relevant stakeholders in improving forecasting, supply planning and procurement to support the continuous availability of malaria, MCH, and FP-related commodities. It will also offer a platform to easily share information on funding flows and stock-out risks.

The data available on this platform will be used to inform decision-makers and identify solutions to mitigate risks in the short-, medium- and long-term since the dashboard will be accessible to all key MoH counterparts, NMCP, DSR, PPM, USAID, Global Fund, UNFPA, DPM, and HMIS. In the first year following implementation, SIAPS will help the DRS to enter data in the dashboard from LMIS and RTA reports for CSCOM on a monthly basis.

Objective 4: Pharmaceutical Services Improved to Achieve Desired Health Outcomes

Sub-Objective. 4.1: Medication use improved

Activity 4.1.1: Conduct feasibility survey to determine the possibility of involving private pharmacies in the management of malaria according to the national policy

As in most developing countries affected by malaria, early treatment of fever in Mali often occurs through self-medication, with malaria medicines being obtained mostly from the private retail sector (formal and informal). Literature on treatment for malaria and fever in sub-Saharan Africa demonstrated that pharmacies are widely used to obtain medicines for fever and malaria in both rural and urban areas, among children and adults, and across socioeconomic groups.

As part of its strategy to combat malaria, the NMCP has requested that SIAPS assist with the implementation of a pilot to introduce ACTs and malaria RDTs in private pharmacies in the Bamako district. The final goal is to ensure 100% of malaria cases are confirmed using microscopy or RDTs at all levels of the health system, as well as correct case management of 100% of confirmed malaria cases, as per the revised five-year NMCP strategic plan (2013–17).

Prior to conducting the pilot, SIAPS proposed conducting a quantitative and qualitative study to explore the feasibility of introducing ACTs and RDTs for malaria case management in

private-sector pharmacies in Mali, and to determine what factors contribute to or impede effective and sustained introduction of these medicines.

In September 2014, SIAPS/Mali with technical assistance from the SIAPS headquarters (HQ), finalized the protocol of the study and started the data collection. Several meetings were held with USAID, the MoH, the DPM, the NMCP, the National Pharmacy Council, and Bamako Pharmacy Council to discuss the protocol and finalize it.

Focal points and data collectors were selected with the DPM and the NMCP to conduct the study in collaboration with two local consultants who were hired. With the consultants, MoH focal points and SIAPS HQ-based technical assistance, the questionnaires were finalized, the sampling was done, and the study protocol for ethical approval was finalized and submitted. Data collectors (pharmacy interns) and three supervisors (from DPM and PLNP) participated in a two-day training and team orientation, which included a field survey and tools testing and validation.

Later the team shared experiences and feedback on the field experience with revisions of the tools. Then details of data collection planning were discussed. In the future, SIAPS will support the NMCP in finalizing data collection, aggregating and analyzing data, and providing a technical report of this study. The next step will be the dissemination of the study findings.

Technical Activity Coordination and Monitoring

Work Planning

The FY14-funded work plan was developed and submitted to USAID on September 1, 2014. The mission provided comments and inputs in the work plan and a revised version was resubmitted to USAID.

Technical Coordination Activities

- Biweekly staff and technical meetings were conducted to follow the implementation of the work plan, identify issues, and propose corrections.
- Meetings were also held to discuss the performance monitoring plan (PMP) and how to collect information aid its development.
- A quarterly and annual review was also organized with regional technical advisors.
- Monthly financial review meetings were also conducted with HQ-based staff to review expenses, budget, and other financial matters.

Recruitment

- A new driver was hired and joined the SIAPS/Mali team on February 3, 2014.
- Four regional technical advisors were relocated to each of the following regions: Mopti, Segou, Kayes and Sikasso.

- A new senior operations officer was hired and joined SIAPS/Mali team by August 1, 2014.
- The process of hiring additional staff (communications specialist, regional administrative coordinator, data manager, senior technical advisor) is underway.

TDY to Mali and short-term technical assistance

- Capacity Building and Training Manager and Principal Technical Advisor traveled to Mali from September 22 to October 19, 2013. This visit was to provide assistance with: the development of both a Facilitator's Guide and a Participant Manual to be used to conduct the two-week training of trainers' workshop for regional pharmacists and Regional warehouse managers, in addition to including national-level actors such as the DPM, the NMCP and the PPM; and the design and implementation of a two-week training of trainers' workshop on the new Mali LMIS SOPs. At the end of this visit, a pool of 24 trainers was established and regional action plans for the roll-out of the LMIS were developed.
- During October 13–20, 2013, SIAPS portfolio manager for Mali who was appointed in August 2013 and based in Arlington, VA visited the country. His role is to oversee and support the work of SIAPS in a number of countries, including Mali. The purpose of this visit was to introduce the new Portfolio Manager to SIAPS/Mali partners and staff, and to also provide support to the upcoming activities planned by the Mali SIAPS team.

During this visit, meetings took place with the USAID/Mali team and key SIAPS/Mali partners (DPM, PPM, and PNL) to introduce the new SIAPS Portfolio Manager. Additionally, a review of the state of implementation of SIAPS/Mali work plan activities and guidance were given to the local staff, and a follow-up on these activities was planned by the team.

- From January 19 to February 1, 2014, Supply Chain Management Principal Technical Advisor and Senior Technical Advisor/MNCH assisted SIAPS/Mali in organizing the workshop for the revision of LMIS supportive supervision tools. Four guidelines and tools were developed to be used for supportive supervision at the central, regional, district, and community levels.
- From February 21 to March 15, 2014, HQ-based Senior Technical Advisor and Principal Technical Advisor provided technical assistance to train the FP TWG in the RealtyCheck software and conduct the revision of FP commodities quantification using RealtyCheck and Pipeline tools.
- From March 16 to March 29, 2014, a Supply Chain Management Principal Technical Advisor and an international consultant provided TA to the PPM in reviewing its existing business processes. They examined the existing storage capacity and inventory management practices and recommended space management improvements within the PPM central warehouse and one warehouse in the Kayes region.

- From February 1 to February 8, 2014, a SIAPS/Mali Senior Technical Advisor provided technical assistance to Benin to train the malaria commodities quantification committee on malaria commodities quantification using the multi-partners quantification manual, and to coach the national quantification committee to forecast and review national requirements for malaria commodities (ACTs and RDTs).
- From April 13-17, 2014, the SIAPS Program Director visited Mali to provide high-level guidance to the SIAPS/Mali country team and to meet with key SIAPS partners in Mali to discuss how the project interventions could better align with country needs and partners' expectations.
- From May 18 to June 7, 2014, a Principal Technical Advisor for Malaria and a Senior Technical Advisor visited to assist the SIAPS/Mali team and MoH partners to properly prepare the quantification exercise for malaria commodities. As a result, the TWG was trained on Quantimed and Pipeline software, and quantification exercises were subsequently conducted and validated for malaria commodities.
- The visit of a Supply Chain Management Principal Advisor and an international consultant from June 3-21 was intended to validate the information gathered during the PPM situational analysis (completed in March/April, 2014) with the PPM management team (including board members) and selected key stakeholders, and to facilitate a workshop for the development of a five-year strategic plan that will guide PPM in improving its key areas of medicines supply chain performance.
- SIAPS/Mali Portfolio Manager visited from June 22-July 10 to provide management support to the SIAPS country team, to meet with key SIAPS partners in Mali to discuss priority activities for inclusion in the FY14-funded work plan, and to strategically define how the project's interventions could be better aligned with country needs and partners' expectations.
- From September 1 to 17th 2014 Malaria Principal Technical Advisor and an International Consultant visited the country to design a web-based malaria, FP, and MCH commodities management information dashboard that will capture, track, aggregate, and make information about malaria and FP commodities available and accessible with the aim of improving inventory management, recording and transmitting LMIS data, improving ordering and orders fulfillment, reducing stock-outs, and improving availability of health commodities at all levels of the health system.
- From September 12 to October 5, 2014, a Principal Technical Advisor and a Senior Technical Advisor visited to provide information that will help successfully design an intervention to introduce a private sector delivery program to improve access to effective malaria commodities in Mali.

Office Management and Operations

There were no major developments in office management.

Challenges and Opportunities

- The consolidation of collaboration between partners is a major challenge for further activities and strengthening the pharmaceutical sector.
- The implementation of the FP and malaria commodities supply plan.
- The use of the new supervision guidelines by all partners involved in Malian supply chain.

ANNEX 1. USAID/MALI HEALTH INDICATORS AND TARGETS

Indicators	Data sources	Targets	Semester 1			Semester 2			Annual	Comment (please explain why you are above or below target by 10%)
			Q1	Q2	Achievement	Q3	Q4	Achievement	Achievement	
Coupe Year of Protection(CYP) in USG-supported programs	PPM and PSI PODs	717,600						429,962	429,962	Stock-out and delay of orders and deliveries
Number of artemisinin-based combination therapy (ACT) treatments purchased by other partners that were distributed with USG funds	PPM distribution invoices submitted to USAID	-	-	-	-	-	-	-	-	
Number of ACT treatments purchased with USG funds	PPM deliveries minutes	1,500,000	1,939,170	24,960	1,964,130		1,500,000	1,500,000	3,464,130	
Number of ACT treatments purchased in any fiscal year with USG funds that were distributed in this reported fiscal year	PODs	3,200,000	654,874	830,040	1,484,914	133,338	1,304,820	1,438,158	2,923,072	
Number of rapid diagnostics test (RDTs) purchased with USG funds	PPM Deliveries minutes	1,500,000	1,000,000		1,000,000		2,000,000	2,000,000	3,000,000	
Number of RDTs purchased in any fiscal year with USG funds that were distributed to health facilities in this fiscal year	PODs	1,500,000	1,008,875	554,225	1,563,100	1,493,575	1,749,200	3,242,775	4,805,875	The decision to make RDT free for all at all levels, increases the quantities distributed

Annual Activity Report on SIAPS Mali FY13 Funds: October 2013–September 2014

Number of insecticide treated nets (ITNs) purchased by other partners that were distributed with USG funds	PPM invoices submitted to USAID		-	-	-	800,000	800,000	800,000	
Number of ITNs purchased with USG funds (3.1.3.2-2)	PSI Deliveries minutes	2,000,000			-	2,000,000	2,000,000	2,000,000	
Number of ITNs purchased in any fiscal year with USG funds that were distributed	PODs	2,400,000	733,097	1,188,889	1,921,986	187,543	-	187,543	2,109,529
<i>Disaggregated by</i>									
Campagne			4,525	1,188,889	1,193,414	187,543		187,543	1,380,957
Health Facilities			-	-	-	-	-	-	-
Private/Commercial Sector			728,572	-	728,572	-	-	-	728,572
Other distribution channel			-	-	-	-	-	-	-
Number of sulfadoxine pyrimethamine (SP) tablets purchased with USG-funds	PPM Deliveries minutes	5,400,000	1,000,000		1,000,000	5,400,000	5,400,000	6,400,000	
Number of SP tablets purchased in any fiscal year with USG-funds that were distributed in this reported fiscal year	PODs	4,000,000	1,597,300	367,000	1,964,300	103,000	388,000	491,000	2,455,300
Percent of facilities that had all tracer medicines and commodities in stock in the last three months	Health facilities Stock cards	70%		27% (20/75)	27% (20/75)	16% (12/75)	16% (12/75)	16% (12/75)	During this semester, stocks out of AI 6X4 and Ibuprofen 200mg decrease the number of health facilities without stock out.

Annex 1. USAID/Mali Health Indicators and Targets

# of persons trained in pharmaceutical management (disaggregated by gender)	Training registration list	446	46	185	185	294	792	792	792	
<i>Females</i>		100	11	33	33	55	196	196	196	
<i>Males</i>		346	35	152	152	239	596	596	596	
Number of policies or guidelines developed or updated with USG-assistance to improve access to and use of high impact health services		8	6	7	7	7	7	7	7	

ANNEX 2. EMMP REPORT

Activity 1.			
<p>IEE or EA Condition Policy development or training activities that directly or indirectly cause the procurement, storage, management and disposal of public health commodities, including pharmaceutical drugs, immunizations and nutritional supplements, laboratory supplies and reagents.</p>	<p>Specific step 1 SIAPS supports the Ministry of health to develop Policies and guidelines that refer to adequate storage of medicines and to appropriate actions to reduce wastages.</p>	<p>Indicator Report Mitigation action report Policies and guidelines referencing appropriate disposal procedures</p> <p>Efficiency indicator # of pharmaceutical management guidelines, Lists, and SOPs developed (or updated) that refer to adequate storage of medicines and to appropriate actions to reduce wastages = 7</p>	<p>Action plan Responsible: SIAPS technical Staff Deadline: October 30, 2014 Action: Review of policy and guidelines Observation: Done</p>
	<p>Specific step 2 Trainings session on appropriate national medicine disposal procedures and/or on WHO international disposal standard guidelines.</p>	<p>Indicator Report Mitigation action report 17 Training sessions that refer to national and international standard disposal guidelines</p> <p>Efficiency indicator # Of stock managers and technical director of CSCom trained on the new LMIS SOPs which refers to appropriate national disposal procedures and to WHO international disposal standard guidelines = 648 (156 F /492 M)</p>	<p>Responsible: SIAPS technical Staff Deadline: October 30, 2014 Action: Review of training materials Observation: Done</p>
	<p>Specific step 3 Optimize quantification and supply planning of commodities to reduce medical wastages.</p>	<p>Indicator report Mitigation action report # Of quantification conducted</p> <p>Quantification and supply planning tools Efficiency indicator # of quantification approved by all stakeholders</p>	<p>Responsible: SIAPS technical Staff Deadline: October 30, 2014 Action: Quantification results approved by all stakeholders Observation: Done</p>

ANNEX 3. HEALTH FY13 EVALUATION REGISTRY



Evaluation Registry
Data Collection 2014.

ANNEX 4. SIAPS MALI YEAR 4 SUBMITTED RESULTS FRAMEWORK

