



**Quarterly Activity Report for SIAPS Mali FY14 Funds:
July–September 2015**

October 2015



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Systems for Improved Access
to Pharmaceuticals and Services

Systems for Improved Access to Pharmaceuticals and Services Quarterly Activity Report for SIAPS Mali FY14 Funds

July–September 2015

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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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LIST OF ACRONYMS

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
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	Principal Recipient
SIAPS	Systems for Improved Access to Pharmaceuticals and Services Program
SLIS	Systeme Local d'Information Sanitaire
SOP	Standard operating procedure
STG	Standard treatment guidelines
TWG	Technical working group
USAID	US Agency for International Development

INTRODUCTION

This report is requested by USAID Mali mission on a quarterly basis to present progress and measure in the implementation of activities that SIAPS Mali planned in its Program Year 4 towards the achievement of program objectives.

The report describes activity achievements along with related indicators levels, success stories, challenges, lessons learnt as well as progress in gender integration, Family Planning Compliance Activities, geographic Information System Data reporting and the environmental report.

With the Summary Narrative of Activities achieved during the Fiscal year and an annual Indicators table reflecting cumulative numbers of the progress achieved during the fiscal year.

During the fourth quarter of the program year 4, SIAPS/Mali supported the Ministry of Health (MoH) and its stakeholders to sustain the implementation of continuous interventions to improve key areas of the pharmaceutical sector including pharmaceutical governance, availability of information for decision making, medicines supply chain system performance, and services to patients in the country.

The indicators levels depict progress that was accomplished during the year 4 toward uninterrupted availability of essential medicines and other health commodities at all levels of the national health system, and subsequently suggest areas where efforts should be maintained or increased in terms of support to health facilities and service to patients through continuous coaching and supportive supervision visits.

PROJECT BACKGROUND AND OBJECTIVES

Mali is a low-income country with a heavy burden of disease and poor levels of development indicators. Burdened with an under-five mortality rate of around 56/1000 between DHS 2006 and DHS 2012-13, more than 2.03 million malaria cases reported during 2014 (*Rapport Annuel du PNL*, 2014), a high fertility rate of 6.1 children, and a maternal mortality ratio of 368 deaths/100,000 live births (DHS 2012-2013), Mali has struggled to respond to the demands on its health system.

The US Agency for International Development (USAID) mission in Mali has requested that the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program provide technical assistance to continue strengthening the pharmaceutical system with particular focus on:

- Improving governance and transparency of pharmaceutical systems, including coordination among major actors in the system
- Supporting the government and key implementing partners with national quantification (forecasting, and supply planning) for key health commodities (Malaria, Family Planning (FP), and maternal and child health (MCH))
- Improving the availability and quality of pharmaceuticals logistics management information, and building services providers' capacity in pharmaceutical sector supply chain management

Following the assessment of the existing logistics management information system (LMIS), conducted with SIAPS support in 2012, new LMIS standard operating procedures (SOPs)—including reporting tools for each level of the system—were developed, and a regional pool of trainers was put in place in order to train users on the new SOPs.

To improve the capacity of individuals and organizations on pharmaceutical management, SIAPS worked with key actors of the Mali pharmaceutical public sector to improve medicines forecasting and supply planning. Training on the use of standard quantification tools, including Quantimed, Reality Check, and Pipeline software were conducted, and quantification exercises for malaria and family planning commodities were completed and validated to cover the period from 2014 to 2018.

For its fourth program year, SIAPS Mali continues to provide support to the MoH to implement the redesigned LMIS and conduct supportive supervisions of actors involved in pharmaceutical management, particularly at district and community levels. Continuous support is given to the MoH and its partners so that a sustainable, coordinated and transparent pharmaceutical system would be in place in Mali with MoH staff effectively conducting pharmaceutical management activities within the country with less technical assistance.

The overall goal of the SIAPS project is to ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. In Mali, the specific emphasis is on malaria, family planning, MNCH, and HIV and AIDS commodities.

In line with the FY14 Malaria Operational Plan, Global Health Initiatives objectives for Mali, local USAID Mission and MoH partners' expectations, SIAPS Mali's interventions in its fourth program year focus on 4 objectives as follows:

- Pharmaceutical sector governance strengthened
- Capacity for pharmaceutical supply management and services increased and enhanced
- Pharmaceutical management information available and used for decision making at different levels of the Malian health system
- Pharmaceutical services improved to achieve desired health outcomes

PLANNED ACTIVITIES FOR THIS REPORTING PERIOD

hbpActivity 1.1.1: Provide support to the DPM to organize the quarterly meeting of the National Technical Committee for the Coordination and Monitoring of Health Commodities (Malaria, MCH, HIV and FP)

Activity 1.1.2: Support Technical Working Groups of the national coordination committee to update the supply plan for malaria, MCH, HIV and FP commodities

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

Activity 1.2.1: Support the MoH (DPM, DRS, and PNLP) in reproducing and disseminating guidelines, SOPs, and tools for pharmaceutical management of malaria, HIV, MCH and FP commodities

Activity 1.3.1: Provide support to the DPM and PPM to facilitate an annual supply chain stakeholder's conference in Mali.

Activity 2.1.1: Support the regional directorates of health to train health workers on the use of logistics management information system (LMIS) SOPs and tools

Activity 2.1.3: Provide support to the regional/district level to organize quarterly coordination meeting to validate medicines stock status and data on pharmaceutical management of malaria, MCH FP, and HIV/PMTCT commodities

Activity 2.1.4: Provide technical assistance to PPM (central warehouse) to develop and update SOPs and supply chain operations training package

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

Activity 3.1.2: Track the availability of contraceptives through the PPMRc

Activity 3.1.3: Conduct 1 EUVS exercise and support the dissemination of the results at the regional and national level

Activity 3.1.4: Provide technical assistance to PPM to improve its management information system

Activity 4.1.2: Provide support to MoH (national and regional level) to conduct supportive supervision on pharmaceutical management (SDADME) from national to community levels

Activity 4.1.3: Provide support to MoH (national and regional level) to implement the recommendations of the EUV, the supportive supervisions, the dashboards reports, the national and regional supply chain coordination meetings in a view of improving availability of pharmaceuticals at the lower levels (for Malaria, MCH, FP and HIV PMTCT commodities)

ACTIVITIES ACHIEVED DURING THIS REPORTING PERIOD

Summary Plan of Activities for the quarter/semester	Status of Implementation	Comments
Activity 1.1.1: Provide support to the DPM to organize quarterly meeting of the National technical Committee for the coordination and the monitoring of health commodities (Malaria, MCH, HIV and FP)	Completed	Achieved early in October
Activity 1.1.2: Support Technical Working Groups of the national coordination committee to update the supply plan for Malaria, MCH, HIV and FP commodities	Completed	
Activity 1.1.3: Provide technical support to the NMCP to develop distribution plans of malaria commodities	Completed	Continuous activity
Activity 1.2.1: Support the MoH (DPM, DRS, and PNLP) to reproduce and disseminate guidelines, SOPs and tools for pharmaceutical management of malaria, HIV, MCH and FP commodities	Completed	Continuous activity
Activity 1.3.1: Provide support to the DPM and PPM to facilitate an annual supply chain stakeholder's conference in Mali	Postponed	Postponed for the next quarter
Activity 2.1.1: Support the regional directorates of health, to train health workers on the use of LMIS SOPs and tools	Completed	Continuous activity
Activity 2.1.3: Provide support to the regional/district level to organize coordination quarterly meeting to validate medicines stock status and data on pharmaceutical management of malaria, MCH FP and HIV/PMTCT commodities	Completed	Planned for the end of the quarter, activity achieved early in October
Activity 2.1.4: Provide technical assistance to PPM (central warehouse) to develop and update SOPs and supply chain operations training package	Ongoing	
Activity 3.1.1: Track and report on the availability of malaria commodities through the PPMRm	Completed	
Activity 3.1.2: Track the availability of contraceptives through the PPMRc	Completed	
Activity 3.1.3: Conduct 1 EUVS exercise and support the dissemination of the results at the regional and national level	Completed	
Activity 3.1.4: Provide technical assistance to PPM to improve its management information system	Ongoing	

Objective 1: Pharmaceutical sector governance strengthened

To improve pharmaceutical governance, SIAPS supported the DPM and the PNLP (National Malaria Control Program) through Technical Working Groups to update the quantification of malaria and family planning commodities.

Activity 1.1.1: Provide support to the DPM to organize quarterly meeting of the National Technical Committee for the Coordination and Monitoring of Health Commodities (malaria, MCH, HIV and FP)

During the second year of its activities, SIAPS assisted the DPM in establishing the National Committee for the Coordination and Monitoring of Health Commodities. Early in January 2014, the MoH officially established this national committee, which aims to contribute to ensure accountability and sustainability of this coordination committee. The subcommittee for the quantification process and the technical working groups (TWG) per health element were also officially established by the same MoH Decision.

The National Technical Committee for the Coordination and Monitoring of Health Commodities was established to address the lack of coordination among key stakeholders involved in Mali's pharmaceutical supply chain. Information on medicines procurement and distribution, and all specific supply chain-related data and concerns are shared during quarterly and ad hoc meetings of this national technical committee, with the aim of identifying and implementing corrective actions.

In October 8-9, 2015, SIAPS supported the organization of quarterly meetings of the national technical committee to evaluate malaria and family planning commodities quantification. The committee also addressed medicines supply chains issues, particularly those related to commodities stock status, medicines distribution, and other bottlenecks that prevent a constant availability of medicines and other life-saving commodities at health facilities.

Activity 1.1.2: Support Technical Working Groups of the national coordination committee to update the supply plan for malaria, MCH, HIV and FP commodities

The malaria and family planning quantification exercises conducted in 2014 need to be updated once a year. The developed supply plans also need to be regularly updated to ensure commodities deliveries are adjusted in response to variations of historical consumption patterns. This review is to be conducted during coordination meetings with national stakeholders and key partners involved in the supply plan.

During this quarter two quantification workshops were held with the appropriated technical working groups for Malaria and Family Planning commodities, respectively, from August 31 to September 4 and from September 7-11, 2015. These quantification workshops were inclusive and followed the key principles and approaches for such exercises.

The quantification process involved the following steps:

- Identification of data needs and sources
- Selection of the appropriate method for forecasting based on data available and program changes (morbidity method was selected for both)
- Identifying assumptions and building consensus on how assumptions will be applied to quantification, particularly for missing data during a consultative workshop attended by all supply chain stakeholders and physicians.
- Forecasting using data and assumptions to calculate quantities needed

- Interpretation and validation of the results using historical consumption data

During these workshops, the forecasting for Malaria and Family Planning commodities were conducted using appropriated tools, Quantimed and Reality Check, respectively for Malaria and Family planning commodities. At the end of this exercise, consensus supply plans were updated for Malaria and Family planning using Pipeline software.

These national supply plans included all donors' commitments and will cover 3 years (2015/2017) for Family planning commodities and 5 years (2015/2020) for Malaria commodities. It is expected that with that inclusive and transparent process, national needs will be covered and donors will be more confident in procuring commodities based on their own commitments.

The next step will be the implementation of these supply plans by all donors and the MoH.

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

PMI and the Global Fund to Fight AIDS Tuberculosis and Malaria (Global Fund) are major sources of malaria commodities in Mali. Once in the country, these commodities are stored in the Central Medical Store Pharmacie Populaire du Mali (PPM) that ensures storage, transportation, and distribution to health districts based on distribution plans developed by the National Malaria Control Program (Programme National de Lutte contre la Paludisme [PNLP]) with SIAPS support. From health districts, malaria commodities are distributed down until the community upon requests.

To maintain transparency of the distribution system of donor-funded malaria commodities, SIAPS providing technical assistance to the NMCP to develop two distribution plans for malaria commodities (ACT) purchased by USAID/PMI. Base on those distribution plans, the SIAPS regional technical advisor assisted the DRS and PPM regional warehouses in ensuring the timely commodities requisition from the Community Health Center (CsCOM) by health districts.

Activity 1.2.1: Support the MoH (DPM, DRS, and PNLP) in reproducing and disseminating guidelines, SOPs, and tools for pharmaceutical management of malaria, HIV, MCH and FP commodities

To improve medicines policies, legislation, regulations, norms and standards, SIAPS worked with MoH counterparts during the previous program years, to develop 12 standards documents (tracer drug lists, manuals and guidelines) and provided capacity building to potential users as well. SIAPS Mali also provided support to the DPM to develop guidelines for supervision of the SDAME and the LMIS. The guidelines also established the capacity of regional pharmacists and supervisors.

During this quarter, SIAPS provided support to DPM, DRS, and district health teams to print and distribute LMIS SOPs, stock management reporting tools (CRGS), and medicines stock cards to health facilities. The number of health facilities with available management tools increased from

835 to 847 (including 121 health facilities in Kayes Region, 57 health facilities in Koulikoro Region, 237 health facilities in Sikasso Region, 209 health facilities in Segou Region, 173 health facilities in Mopti Region, and 57 health facilities in Bamako).

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

As a part of the ongoing effort to build sustainable capacity in the pharmaceutical management area, this quarter, SIAPS supported a total of 15 local institutions or organizations (DPM, PPM, PNLP, DRS and health districts) in providing training or technical assistance in pharmaceutical management.

Activity 2.1.1: Support the regional directorates of health, to train health workers on the use of LMIS SOPs and tools

Following the LMIS assessment and redesign, new SOPs were developed in 2012 with focus on stock management and logistics information system. SIAPS provided assistance to the MoH to develop training materials for different levels of the health system including central, regional and community levels.

During the FY14, SIAPS Mali supported the DPM and the Regional Directorate of Health (Direction Régionale de la Santé) to train 24 trainers on new developed LMIS SOPs and subsequent roll out steps. This support helped DPM to have methodology and tools available to improve stock management, data collection and reporting rate at the lowest level.

During this quarter, trainings sessions were conducted in six health districts to strengthen the capacity of stock managers of 142 health facilities. In total, 285 (228, males and 57 females) stock managers were trained in Bamako and in the CsCom of the following districts: Djenne (Mopti Region), Bougouni (Sikasso Region), Bafoulabe (Kayes Region), Baraoueli (Segou Region) and Banamba (Koulikoro Region). The trainings focused on pharmaceutical management tools, such as stocks cards and logistic reporting tools, including requisition forms. Stock managers were also trained on how to calculate commodities needs as included in the LMIS SOPs developed in 2012. As of September 30, 2015, a total of 1260 persons were trained on pharmaceutical management with SIAPS support.

Trainers from the central and regional levels conducted those sessions following the standard guidelines and using the trainings materials developed and adopted in 2013 by the MoH. In addition, to ensure that trainees effectively implement acquired skills and knowledge at daily basis, SIAPS provided technical assistance to the Direction Régionale de la Santé (DRS) to conduct supervision and coaching visits in eight districts: six in Bamako, one in Segou (Tominian), and one in Mopti (Bandiagara).

In total 171 stock managers trained in previous trainings sessions were supervised. Among the stock managers who received the supervision visit, about 40% of them successfully completed their post training action plans. Effort should continue to reach the target of 71%. Following the

training and the user acceptance testing (UAT) of the LMIS dashboard (OSPSANTE), SIAPS and the DRS have conducted coaching and mentoring activities in 50 health facilities to ensure data is properly entered into the OSPSANTE tool.

Activity 2.1.3: Provide support to the regional/district level to organize coordination quarterly meeting to validate medicines stock status and data on pharmaceutical management of malaria, MCH FP and HIV/PMTCT commodities.

SIAPS supported the Direction Régionale de la Santé to organize quarterly coordination meetings in USAID-supported regions to validate medicines stock status (specifically for malaria, MCH, FP and commodities and HIV tests) and address any pharmaceutical management issue that was identified during joint supportive supervision visits at health facilities and CSCOM. These meetings allow stakeholders to discuss on all pharmaceutical management issues including data quality assurance process, reporting rate, key findings, and other concerns identified during supervisions and coaching visits.

During this quarter, SIAPS supported, DRS of Bamako to organized quarterly meeting. Meetings in others regions were postponed on October to permit a facilitation of quarterly meeting by senior staffs of DPM and SIAPS. The presence of DPM & SIAPS senior staff is key to explaining the OSPSANTE dashboard and how it can be used in their daily work.

Activity 2.1.4: Provide technical assistance to PPM (central warehouse) to develop and update SOPs and supply chain operations training package.

During Project Year 3 (PY3), SIAPS contributed to making pharmaceutical systems more transparent and accountable by reviewing the Central Medical Store (CMS) business process.

In Mali, the CMS, Pharmacie Populaire du Mali, is the strategic entity that handles procurement, storage and distribution of pharmaceuticals to the regional and the district level. PPM is also responsible in handling the pharmaceuticals that are procured by donors and other development partners such as the Global Fund, USAID, and other UN agencies.

Additionally, with support from HQ-based staff, SIAPS Mali conducted a PPM situational analysis of the current situation, including operating procedures, practices, business/financial situation, and the overall supply chain environment (suppliers, clients, and governance). This subsequently led to the development of PPM's first five-year strategic plan to ensure that PPM improve the business processes, improve infrastructure to improve storage capacity.

As a result, there are now more options to improve PPM and on priorities regarding health commodities availability and accessibility. In addition, SIAPS advised PPM on the best ways to improve PPM performance in terms of increasing the service levels by improving products availability, to improve efficiency by minimizing wastage of resources and unnecessary overheads, and to improve customer satisfaction. All these activities contributed to make the pharmaceutical systems more transparent and accountable.

During this quarter support was given to the PPM to finalize the development of five standard operating procedures (SOPs). This activity was done through a workshop with support of SIAPS and its partners from IHS. It is anticipated that, once developed or reviewed, these SOPs will be followed and implemented by PPM staff at both national and regional levels to improve transparency and accountability during medicines storage and distribution process.

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

To render data available for evidence-based decision making in pharmaceutical management, SIAPS supported the MoH in developing and submitting one PPMRm and one PPMRc to USAID.

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

The Procurement Planning and Monitoring Report for malaria (PPMRm) is a mechanism that was established by PMI/Washington to provide specific information on the availability of ACTs, sulfadoxine-pyrimethamine (SP), and rapid diagnostic tests (RDTs) on a quarterly basis. The PPMRm reports contain information relating to: the stock on hand at the PPM reported as months of stock; the upcoming expected shipments for each malaria commodities drugs; and the recommendations on critical actions to be taken by USAID and other stakeholders to respond to any problem related to medicines availability identified in the report (stock outs, oversupply, expiries) and other relevant contextual information concerning malaria programs activities in Mali that impacts medicine availability.

As in the previous quarter, SIAPS worked closely with the DPM, NMCP, PPM, and USAID/PMI to produce the quarterly Procurement Planning and Monitoring Report for malaria (PPMRm). The main recommendations in this PPMRm were to accelerate the order of four presentations of arthemether/lumefantrine (AL) procured by the GF and expected in the country by the end of October 2015. It was also recommended to order RDTs to avoid stockout.

Activity 3.1.2: Track the availability of contraceptives through the PPMRc.

As for malaria commodities, this reporting mechanism has been established by USAID to report on a quarterly basis on availability and pipeline of contraceptives at the PPM.

During this quarter SIAPS worked closely with the DPM, PPM, the KJK and UNFPA to develop and submitted a PPMRc to USAID/Deliver.

The main recommendation to donors was to respect their commitment and adhere to the National Supply Plan for Family Planning commodities.

Activity 3.1.3: Conduct 1 EUVS exercise and support the dissemination of the results at the regional and national level

During this quarter SIAPS/Mali also supported the PNLP to conduct the second EUV survey of the current program year, following the sampling protocol and revised periodicity that was introduced by PMI. This EUV was conducted during the rainy season (August 21- September 17, 2015) in 79 health facilities of 5/8 regions of Mali.

The data collected during this exercise showed significant progress in the logistics data reporting rate, as well as on the availability of malaria commodities at the lowest level and on the implementation of the new malaria treatment guidelines. In fact, 74.36% of facilities surveyed during the EUV submitted stock reports and orders on time, while 97.47% of the health facilities have at least one presentation of AL the day of the visit, 59% had all four presentations of the medicine, and 91% (3140/3459) of malaria patients under the age of 5 with uncomplicated malaria were treated with ACT as recommended by the malaria STGs. The findings of this EUV survey regarding the supply chain and malaria case management will be disseminated at the central and regional levels so that corrective actions can be taken and implemented. During the next quarter, SIAPS will assist the NMCP and regional direction of health, 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.

Activity 3.1.4: Provide technical assistance to PPM to improve its management information system.

After the situational analysis that SIAPS conducted to develop PPM five-year strategic plan, it appeared that the central medical store needs to improve its own management information system so that commodities flow could be easily tracked from regional warehouses to CSCOM.

During this quarter, SIAPS supported the PPM in developing key performance indicators (KPIs) for their main pharmaceutical management operations and also to push the implementation of the PPM five-year strategic plan, developed and validated in June 2015 with SIAPS technical support. On that purpose, SIAPS/Mali supported the PPM in beginning process of acquiring a new warehouse management system (WMS) to improve the organization's overall management information system (MIS) and improve inventory data management for decision making. In addition, SIAPS began a gap analysis for the current and/or existing PPM management information system for commodities against the known standard warehouse management software such as Sage®.

Adding to the above tasks, the team also worked with PPM and USAID in preparation for the procurement and installation of a Warehouse in a Box® (WiB) for PPM Mali.

SUCCESS STORIES

This story can be accessed at: <http://siapsprogram.org/2015/06/25/opsante-a-new-tool-for-tracking-health-commodities-in-mali/>

OSPSANTE: A New Tool for Tracking Health Commodities in Mali

JUNE 25, 2015

In Mali, major weaknesses in the pharmaceutical sector include lack of availability of regular, reliable pharmaceutical management information for decision-making and an inadequate and fragmented logistics system that fails to take the community level into account when planning for inventory management. As a result, stock-outs of lifesaving commodities are frequent at all health service delivery points.



The United States Agency for International Development (USAID) mission in Mali requested that the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program provide technical assistance in strengthening the country's pharmaceutical system. Particular emphasis has been placed on improving data collection and analysis practices of the national government and key implementing partners to strengthen national forecasting and supply planning initiatives for key health commodities, including malaria, family planning, and maternal and child health supplies.

In May 2015, SIAPS supported the Mali Ministry of Health (MoH) in designing and rolling out a web-based dashboard that provides an early warning system for key public health priority programs, including malaria, maternal and child health (MCH), and family planning. The dashboard, called **OSPSANTE**, is the first tool for managing malaria, family planning, and maternal and child health that combines logistics and patients information in the same platform. The purpose of this dashboard is to capture, track, aggregate, and make information about malaria, MCH and family planning commodities and patient information available and accessible in real time. This helps to better plan for medicines distribution and predict stock-outs, thereby reducing wastage and ensuring the availability of essential medicines.

Other benefits of OPSANTE include:

- Easier collation of patient and commodity information on the same platform
- Enhancing data analysis and reporting

Success Stories

- Adaptability to the current reporting system ensures that there is no additional workload to health workers at the national level
- Providing easy and timely access to data and reports
- Enhancing coordination among key players including the Central Medical Store, national programs, pharmacy departments and donors/partners
- Timely generation of monthly commodity and patient reports
- Enhance accountability
- Enhancing consistency in in patient and commodity data used for planning and decision making



From May 11-29, 2015, SIAPS conducted four training workshops for 160 health services decision makers from the central, regional, and district levels. At the trainings, participants learned to use the dashboard with the aim of improving inventory management and recording and transmitting LMIS data, thus improving ordering and order fulfillment, reducing stock-outs, and improving the availability of health commodities at

all levels of the health system. At the end of the training, data collected from 1,186 health facilities from January 2014 till March 2015 and were captured into the dashboard.

Next steps will include the entering of commodities data by district staff with support from SIAPS to keep the dashboard up to date. An automated monthly report will be generated from OSPSANTE and sent to key stakeholders on a monthly basis. This report will be used during technical committee meetings to promote decision making and accountability.

CHALLENGES/DIFFICULTIES ENCOUNTERED (TECHNICAL, MANAGERIAL, FINANCIAL) AND PROPOSED SOLUTIONS

The main challenge that the program faced during this quarter was the inexistence of a task force to take over the quantification process. Even if a TWG exists, the country still needs to establish a Logistics Management Unit (LMU) to manage all medicines logistics concerns with less technical support.

There is a limited ownership of actors at all level to analyze data and make relevant decisions.

LESSONS LEARNED

Quality data are essential for better decision making. The availability of quality data in OSPSANTE can aid in the anticipation of stockout of commodities at the peripheral level if used.

GENDER EQUALITY ACTIVITIES

SIAPS committed to increasingly involve women as much as possible in all planned activities. During this quarter a total of 57 Females out of 285 stock managers were trained. As of the end of Q4 of the FY14-funded work plan, 343 females were trained out of 1260 health professionals (27%) who attended different training workshops on pharmaceutical management

FAMILY PLANNING COMPLIANCE ACTIVITIES

During this quarter, a workshop was conducted for the forecasting of family planning commodities. A three-year (2015-2018) national supply plan including all donor commitments was developed. This activity strongly contributes to the continuous availability of contraceptives in the country. For this exercise, the programmatic objectives were used for forecasting, supply planning, and budgeting, as stipulated in the Tiahrt Amendment.

In addition, other activities, such as regional and national quarterly meetings to validate family planning commodities quantification and also address medicines supply chains issues, PPMRc and OSPSANTE tools, allowed stakeholders to exchange and make decision to render available contraceptives at all levels in Mali so that clients can choose among several methods of family planning as required by the De Concini and Livingston amendments. The implementation of all these activities followed the legal and strategic requirements discussed during the training on compliance, conducted by USAID on June 23 and 24, 2015.

GEOGRAPHIC INFORMATION SYSTEM DATA REPORTING

No new developments for this quarter.

SUMMARY OF ACTIVITIES ACHIEVED DURING THE FISCAL YEAR

To strengthen the national pharmaceutical sector, SIAPS planned total of 19 activities in this fiscal year. At the end of the 4th quarter, 68% (13/19) were fully completed, 21% (4/19) are ongoing, two activities have been postponed to the next fiscal year, and one activity was abandoned. These activities were implemented with the MoH and its stakeholders at all level of health system and with USAID implementing partners. Significant progress was made towards achieving targets. The implementation of the new electronic data collection system contributes to increase the reporting rate from 32 % to 87% during this fiscal year. The percentage of facilities that had all tracer medicine and commodities in the last three months also increased from 52% in 2014 to 62 % in September 2015.

CONCLUSION

During this quarter SIAPS completed nine activities out of 14 planned. Three activities remain ongoing. The implementation of these activities contributed to significantly reducing the stockout of essential medicines at all levels of the national health system. However, efforts should continue to improve overall availability of lifesaving commodities where needed. Focus should be on updating the web-based dashboard (OSPSANTE) and the use of information generated by the dashboard for decision making at all levels, as well as supporting PPM to enhance its supply chain operations.

ANNEX 1: ANNUAL INDICATORS TABLE REFLECTING CUMULATIVE NUMBERS OF THE PROGRESS ACHIEVED DURING THE FISCAL YEAR

	Indicators	FY15 Q4 Achievement	FY15 Targets	FY15 Achievement (Total Q1+Q2+Q3+Q4)	Comment (please explain why you are above or below target by 10%)
1	Number of artemisinin-based combination therapy (ACT) treatments purchased by other partners that were distributed with USG funds	0	0	0	
2	Number of ACT treatments purchased with USG funds	2191170	1200000	2191170	PMI/Deliver can explain; SIAPS does not do procurement
3	Number of artemisinin-based combination therapy (ACT) treatments purchased in any fiscal year with USG funds that were distributed in this reported fiscal year	882,206	2,000,000	1,088,157	
	<ul style="list-style-type: none"> ▪ <i>Disaggregated by</i> Health facilities ▪ <i>Disaggregated by</i> Community health workers (HBMF, CCM)" ▪ <i>Disaggregated by</i> Private/commercial sector 				A data disaggregation is not possible since Mali has an integrated distribution system of health commodities
4	Number of malaria rapid diagnostics test (RDTs) purchased with USG funds	1500000	1,500,000	4,850,000	
5	Number of malaria rapid diagnostics tests (RDTs) purchased in any fiscal year with USG funds that were distributed to health facilities in this fiscal year	1,728,065	2,500,000	1,753,840	
7	Number of insecticide-treated nets (ITNs) purchased in any fiscal year with USG funds that were distributed in this reported fiscal year	0	2,000,000	3,349,750	
	<ul style="list-style-type: none"> ▪ <i>Disaggregated by</i> Through campaigns ▪ <i>Disaggregated by</i> Through health facilities ▪ <i>Disaggregated by</i> Through the private/commercial sector ▪ <i>Disaggregated by</i> Through other distribution channels 			3,349,750 0 0 0	

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	Indicators	FY15 Q4 Achievement	FY15 Targets	FY15 Achievement (Total Q1+Q2+Q3+Q4)	Comment (please explain why you are above or below target by 10%)
8	Number of ITNs purchased with USG funds		2,000,000	3,349,750	PMI can explain; SIAPS does not do procurement
9	Number of insecticide-treated nets (ITNs) purchased by other partners that were distributed by USG funds	0	0	0	
10	Number of sulfadoxine perymethamine (SP) tablets purchased with USG-funds	1,000,000	3,366,000	5,400,000	
11	Number of sulfadoxine perymethamine (SP) tablets purchased in any fiscal year with USG-funds that were distributed in this reported fiscal year	154,000	3,000,000	4,738,000	
12	Number of policies and guideline documents developed or updated with USG assistance	5	5	5	
13	Couple Year of Protection(CYP) in USG-supported programs		1,129,783	1,082,799 (public 228409, private 854390)	This indicator is annual, it is calculated by DPM at the end of December
14	Percent of facilities that had all tracer medicines and commodities in stock in the last three months	62%	85%	62%	We should revised the target base on the progress
15	Average stock out rate of contraceptive commodities at Family Planning service delivery points	0.42	TBD	0.38	Based on OSPSANTE DATA

ANNEX 2: ENVIRONMENTAL MITIGATION REPORT

Activity 1: Activity 1.2.1 Support the MoH (DPM, DRS, and PNLP) to reproduce and disseminate guidelines, SOPs and tools for pharmaceutical management of malaria, HIV, MCH and FP commodities

Non-adherence to adequate drug management guidelines or SOPs can cause the deterioration of drugs, which can have negative impact on human health and on the environment

IEE or EA Condition	Mitigation	Monitoring	Action plan
Negative Determination w/ Conditions	SIAPS support the MoH in developing policies and guidelines that refer to appropriate storage of medicinal products and also to adequate measures to reduce medical waste	Review of policy and guidelines Mitigation indicators 5 SOPs were developed Efficiency indicators 5 SOPs refer to appropriate storage of medicine and adequate measures to reduce medical waste	Responsible SIAPS staff Parties and Timing , semi-annually Observation Done

Activity 2.1.1 Support the regional directions of health, to train health workers on the use of LMIS SOPs and tools

Non-adherence to appropriate conditions of transportation and storage, or to adequate guidelines can cause the deterioration of drugs, which can have negative impact on human health and on the environment

IEE or EA Condition	Mitigation	Monitoring	Action plan
Negative determination w/ conditions	SIAPS trains all pharmaceutical managers at warehouse and health facilities levels on appropriate conditions of transportation and storage of commodities. During this training, advice will be given on appropriate disposal of wastage medicines and blood test	Review of training materials and sessions delivery Mitigation indicators 15 Training session were conducted Efficiency indicators 424 depo manager were advise on appropriate disposal of wastage medicine	Responsible SIAPS staff Parties and Timing , annually Observation Done

IEE or EA Condition	SIAPS will conduct trainees coaching and supportive supervision at the central and health facilities level to assess adherence of trainees to adequate condition of storage.	Monitoring	Action plan
Negative determination w/ conditions		Supervision/ assessment	Responsible SIAPS staff
		Mitigation indicators	Parties and
		52 % % of health facilities using a standardized checklist to monitor storage conditions	Timing , annually
		Efficiency indicators	Observation
		52% of health facilities using a standardized checklist to monitor storage conditions	Done

Activity 1.1.2: *Support Technical Working Groups of the national coordination committee to update the supply plan for Malaria, MCH, HIV and FP Commodities*

A poor quantification or inadequate update of supply plan increase commodities wastages at central and health facilities level which can have negative impact on human health and on the environment

IEE or EA Condition	Mitigation	Monitoring	Action plan
Negative determination w/ conditions	During quantification and supply plan updating meeting, accurate and quality data will be used and guidance will be given to the committee	Review of quantification and supply plan	Responsible SIAPS staff
		Mitigation indicators	Parties and
		2 quantifications were updated	Timing , annually
		2 supply plans were revised 3 times	Observation
		Efficiency indicators	Done
		2 quantifications were updated by following quantification process adopted by MSH	