



**Quarterly Activity Report for SIAPS/Mali FY15 Funds:
January–March 2016**

April 2016



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SIAPS 
Systems for Improved Access
to Pharmaceuticals and Services

Quarterly Activity Report for SIAPS/Mali FY15 Funds

January–March 2016

[Submitted in April 2016]



This document is made possible by the generous support of the American people through the US Agency for International Development (USAID) Cooperative Agreement Number AID-OAA-A-11-00021. The contents are the responsibility of Management Sciences for Health (MSH) and do not necessarily reflect the views of USAID or the United States Government.

About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to ensure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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Systems for Improved Access to Pharmaceuticals and Services Program. 2016. *Quarterly Activity Report for SIAPS/Mali FY15 Funds: January–March 2016*. Submitted to the US Agency for International Development by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program. Arlington, VA: Management Sciences for Health.

Keys words

SIAPS, Mali, quarterly activity report

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CONTENTS

Acronyms	iv
Introduction.....	1
Project Background and Objectives.....	2
Activities Planned for this Reporting Period	4
Activities Achieved during this Reporting Period	5
Narrative	6
Objective 1: Pharmaceutical sector governance strengthened	6
Objective 2: Capacity for pharmaceutical supply management and services increased and enhanced.....	8
Objective 3: Pharmaceutical management information available and used for decision making at different levels of the health care system	9
Objective 4: Pharmaceutical services improved to achieve desired health outcomes	11
Success Stories.....	12
Challenges/Difficulties Encountered (Technical, Managerial, Financial) and Proposed Solutions	14
Ebola Activities.....	15
Lessons Learned.....	16
Gender Equality Activities.....	17
Family Planning Compliance Activities	18
Geographic Information System Data Reporting	19
Activities Planned for Next Quarter	20
Future Events (Travel, Workshops, Meetings).....	21
USAID Required Indicators Table.....	22
Partner’s Custom Indicators Table.....	24
Environmental Mitigation Report.....	27
Conclusion	29

ACRONYMS

ACT	artemisinin-based combination therapy
AL	arthemether/lumefantrine
CNC	Comité National de Coordination
COU	(Centre des Opérations d'Urgence)
CSCOM	centre de santé communautaire (community health center)
CSO	civil society organization
DPM	Direction de la Pharmacie et du Médicament (Directorate of Pharmacy and Medicines)
DRS	Direction Régionale de la Santé (Regional Directorate of Health)
EA	environmental action
EOC	Emergency Operations Center (Centre des Opérations d'Urgence)
EUV	end user verification
FP	family planning
FY	fiscal year
GHI	Global Health Initiative
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IEE	initial environmental examination
ITN	insecticide-treated net
LMIS	logistics management information system
LMU	Logistics Management Unit
MCH	maternal and child health
MNCH	maternal, newborn, and child health
MOH	Ministry of Health
NMCP	National Malaria Control Program
OSPSANTE	Outil de Suivi des Produits de Santé
PMI	President's Malaria Initiative
PPM	Pharmacie Populaire du Mali (Central Medical Stores)
PPMR	procurement planning and monitoring report
PPMRc	procurement planning and monitoring report for contraceptives
PPMRm	procurement planning and monitoring report for malaria
PY	program year
RDT	rapid diagnostic test
SDADME	post-training coaching and supportive supervision on pharmaceutical management
SIAPS	Systems for Improved Access to Pharmaceuticals and Services Program
SOP	standard operating procedure
SP	sulfadoxine-pyrimethamine
STG	standard treatment guideline
TWG	technical working group
USAID	US Agency for International Development
USG	US Government

INTRODUCTION

This report is requested by the US Agency for International Development (USAID) Mali Mission on a quarterly basis. Its purpose is to present information on progress in the implementation of activities that the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program in Mali planned for its program year (PY) 5 work plan.

The report describes achievements and related indicators, challenges, and lessons learned as well as progress in the areas of gender integration, family planning compliance activities, Ebola activities, and the environmental report.

A summary narrative on activities undertaken during the second quarter of PY5 is provided, as is an indicators table presenting the cumulative achievements to date.

During the second quarter of PY5, SIAPS supported the Ministry of Health (MOH) in implementing several activities with the aim of strengthening pharmaceutical governance, building capacity of individuals and institutions in pharmaceutical management, making logistics data available for decision making, and strengthening pharmaceutical services.

The data also suggest areas where efforts should be maintained or increased in terms of support to health facilities and services 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 performance on development indicators. It had an under-five mortality rate of approximately 98/1,000 between 2006 and 2012, more than 2.3 million cases of malaria per year,¹ a high fertility rate of 6.1 children born per woman, and a maternal mortality ratio of 540 deaths per 100,000 live births.² Mali has struggled to respond to the demands on its health system posed by these health burdens.

The USAID Mission in Mali requested that the SIAPS Program provide technical assistance to strengthen the pharmaceutical sector to ensure access to treatment and care in the following specific areas: malaria; family planning (FP); maternal, newborn, and child health (MNCH); and HIV and AIDS.

The financial resources that have become available to Mali through its participation in the President's Malaria Initiative (PMI) and the Global Health Initiative provide the country with the opportunity to accelerate its progress toward the achievement of the Millennium Development Goals. Resources provided by the US Government (USG) focus on increasing the use of high-impact health services to reduce maternal and child mortality by supporting interventions in six areas: FP/maternal health, malaria, HIV and AIDS, nutrition, vaccination, and control of diarrheal diseases through integrated programmatic interventions.

To meet USAID Mission expectations and address the priorities identified in assessments conducted by SIAPS and other stakeholders, SIAPS Mali has focused its interventions on the following areas:

- Improving governance and transparency of pharmaceutical systems, including coordination among major stakeholders in the pharmaceutical sector
- Building the capacity of key stakeholders in pharmaceutical supply management and services
- Improving the availability, quality, and use of logistics management information on pharmaceuticals for evidence-based decision making at different levels of the health system to ensure the availability of life-saving commodities for patients
- Strengthening pharmaceutical services to achieve desired health outcomes

Over the past four years, key achievements and progress have been made in each of the priority technical areas, including:

- Improved use of information for decision making through the logistics management information system (LMIS); established the pharmaceutical information management

¹ Ministère de la Santé et de l'Hygiène Publique, Secrétariat Général, Direction Nationale de la Santé, République du Mali. Annuaire système local d'information sanitaire 2013. Bamako: MOH; c2014.

² INFO-STAT Cellule de Planification et de Statistiques, Ministère de la Santé, Institut National de la Statistique, Ministère de l'Économie, des Finances et du Budget et ICF International, République du Mali. Enquête démographique et de santé du MALI (EDSM-V) 2012–2013. Bamako: MOH; c2013.

dashboard called OSPSANTE (Outil de Suivi des Produits de Santé); and revised tools and guides related to management information systems

- Strengthened/built capacity of MOH staff through trainings, supportive supervision, and mentorship
- Updated guidelines, tools, and other technical materials
- Improved the Pharmacie Populaire du Mali (Central Medical Stores) (PPM) operations, especially warehouse operations, standard operating procedures (SOPs), and strategic plan development
- Set up national and regional coordination committees to discuss supply chain issues and improve the availability of key commodities at all levels of the health system

For FY16, SIAPS Mali will continue to support implementation of the new LMIS, OSPSANTE in particular, and supportive supervision of actors involved in pharmaceutical management at the district and community levels.

SIAPS will also support, during this fiscal year, the implementation of the PPM strategic plan developed last year, particularly to improve the condition and capacity of storage of PPM (activity 2.1.2).

Continuous support will be given to the MOH and its partners in order to put in place a sustainable, coordinated, and transparent pharmaceutical system in Mali with MOH staff effectively conducting pharmaceutical management activities with less technical assistance. In addition, SIAPS will work with key stakeholders to identify potential local partners who can continue to provide technical support to the Government of Mali beyond 2016; such identification will also include assessing the capacity of the local partners, potential technical activities to be transitioned, and a roadmap toward full transition as deemed necessary.

ACTIVITIES PLANNED FOR THIS REPORTING PERIOD

Activity 1.1.1: Provide support to the Direction de la Pharmacie et du Médicament (Directorate of Pharmacy and Medicines) (DPM) and Direction Régionale de la Santé (Regional Directorate of Health) (DRS) to organize quarterly coordination meetings (malaria, MNCH, FP, and HIV and AIDS)

Activity 1.1.2: Support TWGs of the National Technical Committee to update malaria, FP, and HIV and AIDS commodity supply plans quarterly by using consumption data from OSPSANTE

Activity 1.2.1: Support the MOH (PPM) to develop a product catalog, product master list, and other necessary pharmaceutical management tools

Activity 2.1.1: Strengthen the capacity of the MOH (national, regional, and district levels) to manage the OSPSANTE tool

Activity 2.1.2: Provide support to PPM to improve storage conditions

Activity 2.1.3: Support the MOH through the TWGs of the National Technical Committee to conduct quantification for MNCH essential medicines

Activity 2.1.4: Provide support to the PPM to develop capacity-building plan for PPM staff (central and regional) and strengthen their capacity based on the capacity-building plan

Activity 2.1.5: Support the MOH through the Emergency Operations Center/Centre des Opérations d'Urgence (EOC/COU) to conduct a needs assessment for IPC commodities

Activity 2.1.6: Provide technical assistance and training on forecasting, storage, and distribution of Ebola commodities to USAID partners and health centers in USAID-supported districts

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

Activity 3.1.2: Track and report on the availability of contraceptives through the PPMRc

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

ACTIVITIES ACHIEVED DURING THIS REPORTING PERIOD

Summary Plan of Activities for the Quarter/Semester	Implementation Status	Comments
Activity 1.1.1: Provide support to the MOH to organize quarterly coordination meetings (malaria, MNCH, FP, HIV and AIDS)	Completed	
Activity 1.1.2: Support the TWGs of the CNC to update malaria, FP, and HIV commodity supply plans quarterly by using consumption data generated by OSPSANTE	Completed	
Activity 1.1.4: Provide support to the PPM and DPM to establish an LMU at the central level to monitor health commodities	Ongoing	
Activity 1.2.1: Support the MOH (PPM) to develop a product catalog, product master list, and other necessary pharmaceutical management tools	Ongoing	
Activity 2.1.1: Strengthen the capacity of the MOH (national, regional, and district levels) to manage the OSPSANTE tool	Completed	
Activity 2.1.2: Provide support to the PPM to improve storage conditions	Ongoing	
Activity 2.1.3: Support the MOH through the TWGs of the CNC to conduct a quantification for essential MNCH medicines	Postponed	
Activity 2.1.4: Provide support to the PPM to develop a capacity-building plan for their central and regional staff and strengthen their capacity based on this capacity-building plan	Ongoing	
Activity 2.1.5: Support the MOH through the EOC (COU) to conduct a needs assessment for infection prevention and control commodities	Ongoing	
Activity 2.1.6: Provide technical assistance and training on forecasting, storage, and distribution of Ebola commodities to USAID partners and health centers in USAID-supported districts	Postponed	
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 two end user verification (EUV) exercises and support the dissemination of the results at the regional level	Postponed	
Activity 3.2.1 Add HIV and IPC commodities to the existing dashboard OSPSANTE to facilitate aggregation of logistic data for decision making.	Ongoing	
Activity 4.1.1: Provide technical assistance to the MOH (national, regional, and district levels) to conduct post-training coaching and supportive supervision on SDADME* from the national to the community level	Completed	

* SDADME = post-training coaching and supportive supervision on pharmaceutical management

NARRATIVE

During the second quarter of PY5, SIAPS supported the MOH and its partners in implementing several activities with the aim of strengthening pharmaceutical governance, building capacity of individuals and institutions in pharmaceutical management, making logistics data available for decision making, and strengthening pharmaceutical services.

Objective 1: Pharmaceutical sector governance strengthened

To reinforce pharmaceutical governance, SIAPS assisted the MOH in organizing one quarterly meeting of the CNC and two meetings of malaria and FP TWGs.

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

Activity 1.1.1: Provide support to the MOH to organize quarterly coordination meetings (malaria, MNCH, FP, and HIV and AIDS)

To address the lack of coordination among key stakeholders involved in Mali's pharmaceutical supply chain, SIAPS Mali supported the MOH in setting up a coordination platform and mechanism called Comité National de Coordination et de suivi de la gestion des médicaments (CNC). Information on medicines procurement and distribution and all specific, supply chain-related data and concerns are shared during quarterly and ad hoc meetings of the CNC to identify and implement corrective actions.

The CNC meeting was hosted by DPM, and chaired by the Ministry of Health's pharmaceutical advisor on March 10, 2016. Participants from MOH, USAID implementing partners, United Nations (UN) agencies, and civil society organizations (CSOs) attended these meetings. The objective was to present and validate the results of the updated procurement plans for contraceptives and malaria commodities and to monitor the management of malaria, maternal and child health, HIV and AIDS, TB, FP, and tracer products. Through presentations and discussion several recommendations were made to avoid stock-out and improve commodities availability at the central level.

In February, SIAPS regional representatives of Bamako, Kayes Koulikoro, Mopti, Segou, and Sikasso supported the organization of quarterly coordination meetings to discuss commodities procurement and distribution issues, as well as LMIS data loaded into OSPSANTE. Chaired by the regional directorate of health, the meetings were attended by stock managers from district and regional levels, as well as staff of USAID implementing partners and CSOs. During those meetings attendees discussed, analyzed, and validated, district by district, logistics data and used the OSPSANTE dashboard to support evidence-based decisions to improve availability of key products at the lowest level of the health system. Discussions were also focused on data

availability and data quality regarding timelessness, completeness, and how to use OSPSANTE data to make decisions to address supply chain bottlenecks.

Activity 1.1.2: Support the technical working groups of the CNC to update malaria, family planning, and HIV commodity supply plans quarterly by using consumption data generated by OSPSANTE

One of SIAPS Mali's sound achievements during the past two years was the development and validation of quantification exercises for HIV and AIDS, malaria, and FP commodities, after MOH staff was trained on quantification principles and subsequent use of Quantimed, Reality Check, and PipeLine software. The supply plans that were developed needed to be regularly updated to ensure that commodity deliveries were adjusted in response to variations in consumption patterns.

SIAPS provided technical support to the malaria and FP TWGs, led by the DPM, and national programs to update national supply plans based on logistic data (consumptions, stock on hand) generated by OSPSANTE by using PipeLine software. As a result the number of supply plans updated with SIAPS support increased from 15 to 17 out of the program target of 18.

The donor's orders and shipments were also updated into the PipeLine and several recommendations regarding commodities procurement were made by the participants of the two-days workshop, held on February 10–11, 2016. These exercises showed that some donors, such as UNFPA and the World Bank, ordered FP commodities outside of the agreed and validated national supply plan, resulting in an overstock for FP commodities. These exercises also made clear that malaria needs are not completely covered. Based on these findings, participants recommended that donors delay some shipments of FP commodities and also that the government order the GAP of malaria commodities.

Additionally, SIAPS facilitated the finalization of three malaria commodities distribution plans drafted by the NMCP. Of 20 planned, 23 distribution plans were developed.

Activity 1.2.1 Support the MOH (PPM) to develop a product catalog, product master list, and other necessary pharmaceutical management tools

In year PY4, SIAPS Mali supported the PPM in conducting a situational analysis for the development of a five-year PPM strategic plan. The lack of a product catalog and relatively weak documentation on laboratory and diagnostic commodities were identified. To help PPM to have comprehensive information on commodities to procure, store, and distribute, it was agreed that a product catalog would be developed during the first year of the PPM strategic plan implementation. During this quarter, SIAPS provided technical support to the PPM to start the process of developing a product catalog, which will be available in hard and electronic copies for PPM's clients. A revision of the current inventory of the PPM products list was conducted during a consensus workshop held on March 16–17, 2016, in consultation with relevant departments and references, including clinical services, biological, and the essential medicines list. Of 12 lists, guides and SOPs planned as the project target, a total of 13 lists, guides, or SOPs were developed.

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

Activity 2.1.1: Strengthen the capacity of the MOH (national, regional, and district levels) to manage the OSPSANTE tool

During the FY14-funded period, SIAPS provided technical assistance to the MOH (DPM, DRS, PNL, and Division Santé de la Reproduction [DSR]) to develop and roll out a Web-based portal dashboard for malaria, MNCH, and FP commodities. SIAPS supported the MOH in carrying out the user acceptance testing and orienting warehouse managers and health management information system (HMIS) managers in 50 districts; each of them received their credential to enter monthly data into OSPSANTE.

As per the PY5 work plan, during this quarter SIAPS continued to provide technical and financial support to MOH at regional and district levels to support the warehouse and HMIS managers to capture the monthly LMIS report in the dashboard. To this end, Internet access was provided to warehouse managers in 50 districts, to five regional pharmacists, and six regional information system managers.

Support was also given to 50 districts to conduct coaching and mentoring to assist health information and district warehouse managers in entering LMIS reports into OSPANTE. As a result, the percentage of trainees who successfully implemented their post-training action plan increased from 46% to 52.3%, and the percentage of facilities that submitted a LMIS report for the previous month increased from 87% to 96.38%.

After the existing LMIS for health commodities was assessed and redesigned in the previous years of the program, new SOPs were developed to focus on stock management and the LMIS. SIAPS Mali provided assistance to the MOH to develop training materials for different levels of the health system. During PY3 and PY4, SIAPS Mali supported DPM and DRS with training 24 trainers on the newly developed LMIS SOPs and subsequently rollout of the process. During PY4, trainings on new LMIS (dissemination of specific SOPs and tools related to LMIS) expanded beyond the regional level, and involved stock managers at district and the community health centers (CSCOM). This activity was closed during PY4 and the handover to the SSGI project is ongoing.

During this quarter, as requested by the USAID Mission, SIAPS supported the district of Kita in finalizing the last training of CSCOM depot managers on storage and use of tools (including stock cards, logistics reporting tools, and requisition forms) and how to calculate commodities needs as indicated in the new LMIS SOPs. To build individual and institutional capacity, SIAPS

also supported the DRS of Kayes in conducting training of supervisors. The total number of people trained on pharmaceutical management increased from 1,593 to 1,645.

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

Sub-Objective 3.1: PMIS supports both products and patients

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

To improve data availability for evidence-based decision making in pharmaceutical management, SIAPS supported the MOH in developing and submitting one PPMRm in January 2016 after collecting stock information data from the national and facilities levels by using OSPSANTE.

The PPMRm is a mechanism established by PMI/Washington to provide specific information on the availability of artemisinin-based combination therapy (ACT), sulfadoxine-pyrimethamine (SP), and rapid diagnostic tests (RDTs) on a quarterly basis. The PPMRm report contains information related to: (i) the stock on hand at the PPM, reported as months of stock; (ii) the upcoming expected shipments for each malaria medicine; (iii) 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 (iv) other relevant contextual information concerning malaria program activities in Mali that impacts on medicine availability.

The major findings and recommendations resulting from this report can be summarized as follows:

- In general, stock levels of malaria commodities are very low in the country.
- To avoid stock-out, the Global Fund/PSI must expedite in emergency the expected quantity of artemether/lumefantrine (AL) 6X1, 6X2, and 6X4 before the end of March 2016

Activity 3.1.2: Track the availability of contraceptives through the PPMRc

To improve data availability for evidence-based decision making in pharmaceutical management, SIAPS supported the MOH in developing and submitting one PPMRc report in February 2016 after collecting stock information data from the national and facilities levels by using OSPSANTE.

As for malaria commodities, reporting mechanisms have been established by USAID technical partners to report quarterly on the availability and pipeline of contraceptives at the PPM. The major findings and recommendations resulting from this report can be summarized as follows:

- The contraceptives received by the DPM should be transferred to the PPM to be distributed to the health facilities.

Activity 3.2.1. Add HIV and IPC commodities to the existing dashboard OSPSANTE to facilitate aggregation of logistic data for decision making

To improve availability of pharmaceutical management information for decision making, SIAPS explored the possibility of adding data on nutrition and HIV commodities to OSPSANTE by holding several meetings with key country stakeholders.

During the FY14-funded period, SIAPS provided technical assistance to the MOH (DPM, DRS, PNLP, and DSR) to develop and roll out a Web-based portal dashboard for malaria, MCH, and FP commodities.

The dashboard was designed to capture, track, aggregate, and make information available and accessible about malaria, MCH, FP, and tracer drug products, and to improve information availability and accessibility for better and faster decision making at the national level. The Web portal assists MOH and relevant stakeholders in improving forecasting, supply planning, and procurement to support the continuous availability of malaria, MCH, and FP-related commodities. It also offers a platform to easily share information on funding flows and stock-out risks.

During the user acceptance testing of OSPSANTE, all stakeholders requested that HIV and AIDS and nutrition commodities be included in OSPSANTE.

During this quarter, SIAPS Mali worked with the developer, the DPM, and the relevant stakeholders to discuss how to add HIV, AIDS, and nutrition commodities to OSPSANTE. Two consensus workshops were conducted under DPM leadership, on March 8 and 10, to collect information and identify forms and reports that are used in the country to report on HIV and nutrition commodities.

The following were decided on during these workshops:

- Master list of nutrition and HIV commodities
- Reporting forms
- Frequency of reporting
- Flow of information

To finalize data collection and address remaining requests, working groups for nutrition and HIV were established. The next step will be the development of nutrition and HIV commodities portals and the user acceptance test, before starting data entry into OSPSANTE dashboard.

The handover of the OSPSANTE tool was also discussed with the MOH during a meeting with DPM and the MOH IT department, ANTIM. It was agreed during this meeting that ANTIM will provide DPM with all the resources needed to maintain OSPSANTE after the handover to DPM.

During the reporting period, SIAPS and MEASURE Evaluation held several meetings called by USAID/Mali to explore interoperability option between OSPSANTE and the DHIS2 platform.

Objective 4: Pharmaceutical services improved to achieve desired health outcomes

Sub-objective 4.1: Medication use improved

Activity 4.1.1: Provide technical assistance to the MOH (national, regional, and district levels) to conduct post-training coaching and supportive supervision on SDADME from the national to the community levels

To improve pharmaceutical services to achieve desired health outcomes, SIAPS Mali worked with DRS to conduct joint supportive supervision and coaching visits to the regional depots, regional hospitals, district depots, health facilities, and health center pharmacies/sales points in Kayes, Koulikoro, Mopti, Ségou, and Sikasso. A total of five regional warehouses, four regional hospitals, 42 district warehouses, and 1,069 health facilities received the supervision.

The methodology used to conduct this supervision included:

- Two-day orientation workshop for supervisors on the supportive supervision guide
- Supervision planning by district senior staff according to the supervision guide
- Identification of itineraries
- Identification of bottlenecks with local staff and development of action plan

Those supportive supervisions contributed significantly to make progress on medicine management at the facility level. As a result the stock records corresponding with physical count increased from 80% to 84% (1,761 of 2,093 products). Most depot managers (93%) are now using consumption data to inform ordering. A total of 1,091 facilities that submitted LMIS reports during the last month are using the country-appropriate tool (CRGS). Supportive supervisions have also contributed to improving LMIS rollout, implementing the essential medicines procurement and distribution scheme (SDADME), and strengthening the capacity of field-based health workers to use the newly developed reporting tools for medicine stock status, consumption, and treated patients. During supervision and coaching visits, supply chain bottlenecks and problems were identified and discussed with all stakeholders, and corrective actions were taken accordingly.

SUCCESS STORIES

Using OSPSANTE for the Improvement of Medicines Availability in Mali

Ensuring the availability and proper use of logistical information for decision making is a major challenge for the Malian health system at both the regional and central levels.



OSPSANTE-generated report helps district receive commodities from overstocked district.

Until 2015, Mali was using a paper-based system to manually compile, analyze, and aggregate data. This increased the risk of errors and required significant time from health facility staff. To promote lifesaving efforts through fast and timely decision making, the USAID-funded SIAPS Program has supported the Malian Minister of Health in implementing OSPSANTE, a logistics management information system that is facilitating the use of logistical data on medication.

Since April 2015, the OSPSANTE application has been functional, capturing the monthly data from health centers each month, and with a reporting rate of approximately 80%. OSPSANTE supplies a rapid alert system for priority programs in key public health areas—namely, malaria, maternal and infant health, and family planning—to support real-time decision making.

Ségou: Toward the Adoption of Logistical Data

On January 26, 2016, the OSPSANTE monitoring committee convened at the Ségou Regional Department of Health to analyze the logistical data generated by the application in December 2015. The committee aimed to use this information to formulate recommendations to ensure effective medicines distribution, which would help avoid many stock-outs in health facilities. The committee also discussed how to improve the quality of the collected information and how to counter the low levels of promptness in certain districts—namely, the Baroueli (48%) and Bla (82%) districts.

The reporting rate rose to 98.1% for the analysis period, which enabled the committee to draw up an analysis report signed by the DRS and to submit it to all the districts.

This analysis enabled the health department to identify the reasons for certain failures, which must be corrected by the district chief medical officers to distribute stocks fairly and offer all citizens quality health services. To this end, the recommendations have been submitted so that the logistical data can be analyzed to improve decision making on the field. Additionally, the importance of forecasting with stock buffers at the regional level to facilitate the supply of health establishments has been emphasized.



Regional- and district-level team members who analyze logistic data for decision making

By analyzing the available data, the department was able to readjust stock levels of essential medicines throughout the region. For example, it was possible to prevent the stock-out of AL6 in the Markala district, and to redeploy, via a redeployment plan, an overstock of 2,618 doses of AL6 from the Baroueli district.

OSPSANTE revolutionized the functionality of the LMIS in Mali; particularly in the six regions (Bamako, Kayes, Koulikoro, Mopti, Ségou, and Sikasso) covered by SIAPS's intervention.

More than 80% of health facilities in these areas now submit the monthly logistic data report.

Despite SIAPS's efforts to improve information availability and accessibility for better and faster decision making, it has become clear that good data does not necessarily mean good decisions. The low level of appropriation and ownership of actors, at all levels, for analyzing data and making relevant decisions show that we still have to work with key stakeholders to help them make informed decisions at the right time.

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

The main challenge that the program faced during this quarter was non-respect by donors of their commitments regarding national supply plans. For example, some donors, including UNFPA and the World Bank, ordered FP commodities outside of the agreed and validated national supply plan. There was a resulting overstock in FP commodities while malaria needs were not completely covered.

The limited ownership of key stakeholders regarding the effective use of data generated by OSPSANTE for decision making has also been challenging. Moreover, the effective implementation of the post-training action plan cannot be taken for granted. It largely depends on awareness raising among the key stakeholders. All actors need to act responsibly toward its implementation.

Despite SIAPS' efforts to improve information availability and accessibility for better and faster decision making, it has become clear that good data does not necessary mean good decisions. The low level of appropriation and ownership of actors, at all levels, for analyzing data and making relevant decisions show that we still have to work with key stakeholders to help them make informed decisions at the right time.

EBOLA ACTIVITIES

During this second quarter, the Ebola work plan and budget were developed, submitted, and approved by USAID Mali Mission.

Three activities were validated to be conducted this current fiscal year:

- Support the MOH through the EOC (COU) in conducting a needs assessment for IPC commodities
- Provide technical assistance and training in forecasting, storage, and distribution of Ebola commodities to USAID partners and health centers in USAID-supported districts
- Add IPC commodities if feasible to the existing dashboard, OSPSANTE, to facilitate aggregation of logistic data for decision making

During this quarter, SIAPS/Mali met with the DPM team (deputy director and division chief of quality assurance) to discuss support to COU and DPM; support was also given to the EOC (COU) to start the IPC commodities needs assessment. The terms of reference (TORs) and budget were developed with the MOH representatives.

SIAPS participated to several coordination meetings and provided additional technical assistance as follows:

- SIAPS participated in a meeting hosted by the MOH to share with all stakeholders the updated country Ebola action plan, and to identify emergency actions regarding the new cases of Ebola detected in Guinea.
- SIAPS attended a meeting organized by EOC/COU, which was established in November 14, 2014, as part of the response to health emergencies in Mali.
- SIAPS Mali represented USAID as member of the Ebola Task Force established to design rapid situation analysis and incorporated its planned activities to the emergency action plan drafted, which will include priority needs assessment for IPC commodities in the selected site with focus on border areas to avert outbreak risk.
- SIAPS provided financial and technical assistance to the Ebola Task Force for updating the terms of reference TORs, which will specify development of list of Ebola commodities by DPM and COU, use of the updated supervision guide, etc.

LESSONS LEARNED

The non-respect by donors of their commitments to the national supply plan is the main cause of stock-outs and overstock at all levels of the system and compromises all efforts to reinforce pharmaceutical governance in the country.

Even with a functioning LMIS in place, if commodities are not ordered by donors and the MOH according to the national supply plan, objectives related to the availability of life-saving commodities will not be attained.

GENDER EQUALITY ACTIVITIES

SIAPS is committed to increasingly involving women in all planned activities as much as possible. During this quarter, SIAPS supported the Kayes Regional Directorate of Health in providing trainings for supervisor on the supportive supervision guide.

A total of 9 females received training in pharmaceutical management during the quarter. A total of 23 supervisors (20 males and 3 females) received training in supportive supervision and 29 users (23 males and 6 females) were trained in the LMIS SOPs. A total of 409 women have been trained on pharmaceutical management through the end of the quarter, and 40.91% have successfully completed the post-training action plan. This represents a great contribution to sub-objective 2, which aims to strengthen the capacities of individuals and institutions.

FAMILY PLANNING COMPLIANCE ACTIVITIES

No new developments for this quarter.

GEOGRAPHIC INFORMATION SYSTEM DATA REPORTING

No new developments for this quarter.

ACTIVITIES PLANNED FOR NEXT QUARTER

Activities planned for the third quarter are:

Activity 2.1.1: Strengthen the capacity of the MOH (national, regional, and district levels) to manage the OSPSANTE tool

Activity 2.1.2: Provide support to the PPM to improve storage conditions

Activity 2.1.3: Support the MOH through the TWGs of the CNC to conduct a quantification for essential MNCH medicines

Activity 2.1.4: Provide support to the PPM to develop a capacity-building plan for their central and regional staff and strengthen their capacity based on this capacity-building plan

Activity 2.1.5: Support the MOH through the Emergency Operations Center (Centre des Opérations d'Urgence) to conduct a needs assessment for infection prevention and control commodities

Activity 2.1.6: Provide technical assistance and training on forecasting, storage, and distribution of Ebola commodities to USAID partners and health centers in USAID-supported districts

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 two EUV exercises and support the dissemination of the results at the regional level

Activity 3.2.1: Add HIV and IPC commodities to the existing dashboard OSPSANTE to facilitate aggregation of logistic data for decision making

Activity 4.1.1: Provide technical assistance to MOH (national, regional, and district levels) to conduct post-training coaching and supportive supervision on pharmaceutical management (SDADME) from the national to community level

FUTURE EVENTS (TRAVEL, WORKSHOPS, MEETINGS)

- SIAPS internal quarterly review meeting
- April 11–22, 2016 Travel of SIAPS Principal Technical Advisor, Mavere Tukai, to Mali
- EUV survey

USAID REQUIRED INDICATORS TABLE

Indicator	FY15 Q1 Target	FY15 Q1 Achievement	FY15 Q2 Achievement	Q1+Q2 Achievement	Comment (please explain why you are above or below target by 10%)
1		0	0	0	0
	Number of artemisinin-based combination therapy (ACT) treatments purchased by other partners that were distributed with USG funds				
2	1,500,000	0	2,191,170	2,191,170	
	Number of ACT treatments purchased with USG funds				
3	1,500,000	882.206	1,111,985	1,994,191	
	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	1,111,985	1,994,191	
	▪ <i>Disaggregated by</i> Health facilities				
		0	0	0	
	▪ <i>Disaggregated by</i> Community health workers (HBMF, CCM)"				
		0	0	0	
	▪ <i>Disaggregated by</i> Private/commercial sector				
4	2,000,000	0	1,500,000	1,500,000	
	Number of malaria Rapid Diagnostics test (RDTs) purchased with USG funds				
5	2,500,000	333,475	1,728,065	2,061,540	
	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				
7	TBD	550,000	550,000	550,000	
	Number of insecticide-treated nets (ITNs) purchased in any fiscal year with USG funds that were distributed in this reported fiscal year				
	TBD	550,000	550,000	550,000	
	▪ <i>Disaggregated by</i> Through campaigns				

USAID Required Indicators Table

	▪ <i>Disaggregated by</i> Through health facilities		0	0	0	
	▪ <i>Disaggregated by</i> Through the private/commercial sector		0	0	0	
	▪ <i>Disaggregated by</i> Through other distribution channels		0	0	0	
8	Number of ITNs purchased with USG funds	1,500,000	0	0	0	
9	Number of ITNs purchased by other partners that were distributed by USG funds	0	0	0	0	
10	Number of sulfadoxine/perymethamine (SP) tablets purchased with USG-funds	3,000,000	0	1,000,000	1,000,000	
11	Number of SP tablets purchased in any fiscal year with USG-funds that were distributed in this reported fiscal year	3,000,000	154,000	2,857,000	3,011,000	
12	Number of policies and guideline documents developed or updated with USG assistance	2	1	1	2	
13	Couple years of protection (CYP) in USG-supported programs	1,645,060				In progress with DPM
14	Percentage of facilities that had all tracer medicines and commodities in stock in the last 3 months	85%	69%	69% (52/75)	69% (52/75)	
15	Average stock-out rate of contraceptive commodities at family planning service delivery (in 3 months)	TBD	No data collected	10 days	10 days	10 days in health facilities but commodities were available in the central warehouse

PARTNER'S CUSTOM INDICATORS TABLE

N*	INDICATORS	Desagregation	Annual Target	Q1 Achievement	Q2 Achievement	Q1+Q2 Achievement	Comment
1	No. of civil society organizations that participated in and/or monitored pharmaceutical management operations in the past year (include the names of the organizations and whether each is local, national, or international)	International	9	9	9	9	
		National	13	13	13	13	
		Local	2	2	2	2	
2	No. of pharmaceutical management guidelines, lists, and SOPs developed (or updated) and submitted for adoption (please include the names of the documents in the comments section)	N/A	2	1	1	2	Flyers des Bonnes pratiques de stockage des DV, Hopitaux , PPMR, DRC
4	No. of meetings of the technical coordination committee for pharmaceutical management and of its sub-groups	N/A	8	3	3	6	
5	No. of functioning committees, structures, or related bodies with measures in place to provide oversight and promote accountability in the pharmaceutical sector	N/A	4	Not yet rated	4	4	
6	Percentage of trainees successfully completing post-training action plan	N/A	71%	46%	52%	52%	
		Male		49%	55%	55%	
		Female		36%	41%	41%	
7	No. of global initiatives or organizations that SIAPS collaborated with for the development of guidance documents to improve pharmaceutical management	Central	1	0	1	1	

Partners Custom Indicators Table

8	No. of SIAPS-supported local institutions or organizations providing training or technical assistance in pharmaceutical management	Public	165	13	30	43
		Private				
9	No. of trainings or technical assistance assignments completed by local partners	Regional (TA)	92	20	39	59
10	No. of persons trained in pharmaceutical management	Regional (TA)	1,560	333	52	385
		Male	686	274	43	317
		Female	260	59	9	68
11	Percentage of stock records that correspond with physical counts for a set of indicator drugs in MOH storage and health facilities	N/A	80%	80.09%	84.14%	84.14%
12	Percentage of health facilities that completed and submitted an LMIS report for the most recent reporting period	N/A	80%	87%	96.38%	96.38%
13	Percentage of health facilities that used consumption data to inform ordering at last assessment	N/A	80%	79%	92.96%	92.96%
14	Established functioning system for requesting and receiving pharmaceutical sector information	N/A	Yes	Not yet rated	Not yet rated	In progress
15	No. of health facilities that are using country-appropriate tools to report logistic and patient data	N/A	1,124	997	1,091	1,091
16	No. of quantification exercises conducted or updated	N/A	8	0	2	2
17	No. of distribution plans developed with SIAPS contribution	N/A	20	2	3	
18	No. of supply plans updated	N/A	36	2	2	4
19	No. of PPMRc reports submitted	N/A	4	1	1	2
20	No. of PPMRm reports submitted	N/A	4	1	1	2

Quarterly Activity Report for SIAPS/Mali FY15 Funds

21	Percentage of warehouses with stock-outs of a pre-selected group of medicines for 3 days or more in the last 3 months	N/A	5%	30% (10/32)	30% (10/32)	30% (10/32)
22	Percentage of health facilities with stock-outs of a pre-selected group of medicines for 3 days or more in the last 3 months	N/A	15%	31% (23/75)	31% (23/75)	31% (23/75)
23	Percentage of health facilities using a standardized checklist to monitor storage conditions	N/A	80%	52% (39/75)	100% (75/75)	100% (75/75)
24	Percentage of prescriptions in compliance with STGs	N/A	90%	94.39% (538/570)	94.39% (538/570)	94.39% (538/570)
25	Percentage of facilities with available copy of standard treatment guidelines (STGs)	N/A	100%	85.96% (49/57)	88.73% (67/75)	88.73% (67/75)
28	No. of EUV surveys conducted	N/A	2	0	0	0

ENVIRONMENTAL MITIGATION REPORT

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

Nonadherence to adequate pharmaceutical management guidelines or SOPs can cause the deterioration of medicines, which can have negative impact on human health and on the environment.

IEE or EA Condition	Mitigation	Monitoring	Action Plan
Negative Determination with Conditions	SIAPS support the Ministry of Health in developing policy 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 1 list were developed Efficiency Indicators 1 list refer to appropriate storage conditions of medicine	Responsible SIAPS staff Parties and Timing Semi-annually Observation Done

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

Nonadherence to appropriate conditions of transportation and storage. to adequate guidelines can cause the deterioration of medicines, which can have negative impact on human health and on the environment.

IEE or EA Condition	Mitigation	Monitoring	Action Plan
Negative Determination with Conditions	SIAPS trains all pharmaceuticals 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 tests.	Review of training materials and sessions delivery Mitigation Indicators 1 Training session was conducted Efficiency Indicators 29 depot managers were advised on appropriate disposal of wastage medicines.	Responsible SIAPS staff Parties and Timing Annually Observation Done

IEE or EA Condition	Mitigation	Monitoring	Action Plan
Negative Determination with Conditions	SIAPS will conduct trainees' coaching and supportive supervision at central and health facilities level to assess adherence of trainees to adequate conditions of storage.	Supervision/ assessment	Responsible SIAPS staff
		Mitigation Indicators 52% of trainees successfully completing post-training action plan	Parties and Timing Annually
		100% of health facilities using a standardized checklist to monitor storage conditions	Observation Done
		Efficiency Indicators 52% of trainees successfully completing post-training action plan	

Activity 1.1.2: Support technical working groups of the National Coordination Committee to update the supply plan for malaria, MCH, HIV, AIDS, and FP Commodities

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

IEE or EA Condition	Mitigation	Monitoring	Action Plan
Negative Determination with 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 2 supply plans were revised	Parties and Timing Annually
		Efficiency indicators 2 supply plans were updated by using accurate data	Observation Done

CONCLUSION

During this second quarter of Y5, the implementation of activities contributed to building individual and institutional capacity and to better managing essential medicines at all levels of the national health system.

The number of supply plan for malaria and FP commodities updated with SIAPS support almost met the program target (17 of 18). However, efforts should be made to improve the overall availability of life-saving commodities, especially malaria commodities, where they are needed.

The focus should be on supporting PPM to enhance its supply chain operations as well as data availability and data quality regarding timeliness and completeness to address the supply chain bottleneck.

SIAPS will continue to support key partners as part of the response to health emergencies in Mali and the Ebola outbreak.