

# USAID | DELIVER PROJECT

## Final Country Report

### Malawi







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## **USAID | DELIVER PROJECT, Task Order 4**

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## **USAID | DELIVER PROJECT, Task Order 7**

This document was prepared by staff of the USAID | DELIVER PROJECT, Task Order 7, which is funded by the U.S. Agency for International Development (USAID) under contract number GPO-I-00-06-0007-00, order number AID-OAA-TO-11-00012, beginning on March 28, 2011. Task Order 7 is implemented by John Snow, Inc., in collaboration with 3i Infotech, Inc.; Crown Agents USA, Inc.; FHI 360; Foundation for Innovative New Diagnostics; Logenix International, LLC; The Manoff Group, Inc.; MEBS Global Reach, LC; PATH; Imperial Health Sciences; Population Services International; Social Sectors Development Strategies, Inc.; UPS Supply Chain Solutions, Inc.; and VillageReach. Task Order 7 supports USAID's goal of reducing the malaria burden in sub-Saharan Africa by procuring and delivering safe, effective, and high-quality malaria commodities; by providing technical assistance and on-the-ground logistics expertise to strengthen in-country supply systems and build capacity for managing commodities; and by improving the global supply and long-term availability of malaria commodities.

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## **Abstract**

This report summarizes the work carried out by the USAID | DELIVER PROJECT in Malawi from 2009–2016. The project provided technical assistance to strengthen health supply chains and improve the environment for commodity security for family planning, HIV/AIDS, and malaria commodities in Malawi.

Cover photo: In Malawi, health commodities being transported by boat. 2012 USAID | DELIVER PROJECT

## **USAID | DELIVER PROJECT**

John Snow, Inc.

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: [askdeliver@jsi.com](mailto:askdeliver@jsi.com)

Internet: [deliver.jsi.com](http://deliver.jsi.com)



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# Project Overview and Context

# Project Overview

The USAID | DELIVER PROJECT (the project), in partnership with ministries of health and other organizations, improves health outcomes in developing countries by increasing the availability of health supplies. For more than 30 years, USAID has been a world leader in providing health commodities to field programs—a critical component of health program success.

The USAID | DELIVER PROJECT has been active in Malawi since 2006. It has focused on providing technical assistance for supply chains to the Ministry of Health, particularly the Reproductive Health Unit, the Health Technical Services and Support, the National Malaria Control Program, and the Pharmacy Medicines and Poisons Board. The project has collaborated with these groups to implement distribution of health commodities through the Parallel Supply Chain (PSC), support post-market surveillance and drug quality activities, as well as build capacity at all levels.

Malawi faces several challenges, including rapid population growth, a high HIV/AIDS infection rate, limited natural resources, high levels of wealth inequality, corruption, recurring droughts, poor resource management, and environmental degradation. In the health sector, these problems were compounded by funding constraints and performance problems at the Central Medical Stores (CMS) resulting in chronic stockouts at health facilities.

Malaria commodities donated by the U.S. government were stored at CMS starting in 2008. Accountability, visibility and performance deteriorated during this time. This led USAID to approach the USAID | DELIVER PROJECT, requesting the development of a parallel storage and distribution system that could guarantee accountability, visibility and consistent performance.

The Parallel Supply Chain (PSC) was established in Malawi in late 2010 to meet these expectations and has been operating successfully for more than five years now.

The project improved commodity security in Malawi primarily through strengthening supply chains and building capacity. Important progress has been made. For example, along with managing millions in USG-donated medicines and health supplies with heightened transparency, the project also developed capacity within a Malawian distribution partner, raising local service provision to international standards.

A national quantification process that started with family planning (FP) commodities and soon included products for the diagnosis and treatment of malaria now extends to the majority of essential medicines and is an important input to national and development partner budgets.

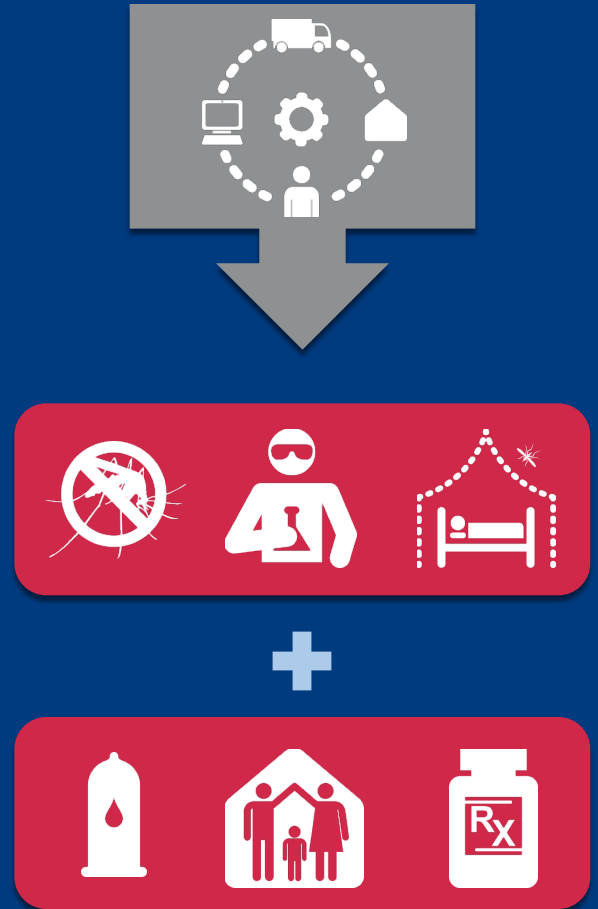
Districts and central hospitals are using Supply Chain Manager (SCMgr) software as the main component of the logistics management information system (LMIS). It aggregates data on receipts, issues, and stock on hand from all health facilities. Reporting rates are consistently high today and aggregated data is shared with decision makers at the central level.

# Investment in Commodity Support and Technical Assistance

The project focused its technical assistance on supply chain management for the following product categories: antimalarial drugs, diagnostics for malaria, long-lasting insecticide-treated bed nets (LLINs), family planning, reproductive health, TB, HIV/AIDS, and essential medicines.

The project's investment in commodity support and technical assistance included—

- ❑ Storage and distribution of USG and other partner-funded commodities to service delivery points (SDPs) through the project's Parallel Supply Chain
- ❑ Strengthening Ministry of Health (MOH)/Health Technical Support Services (HTSS) logistics capacity to manage commodities
- ❑ Supporting quantification, supply planning, and monitoring
- ❑ Supporting existing LMIS at national and district level
- ❑ Strategic planning for Family Planning and Reproductive Health (RH), malaria and tuberculosis
- ❑ Conducting End Use Verification surveys for malaria logistics and case management data
- ❑ Supporting the Pharmacy Medicines and Poisons Board (PMPB) with medicines inspection
- ❑ Developing national capacity in supply chain management through in-service training and pre-service training
- ❑ Supporting supportive supervision and mentorship programs at the facility level
- ❑ Providing support to improve management of commodities at district level.





## Fighting Malaria in Malawi

Malaria is responsible for approximately four million suspected cases annually, and in 2013 resulted in 5,500 deaths. Almost half of these cases occurred in children under the age of 5. (Malaria Indicator Survey 2013).



To fight malaria, the project—in partnership with the National Malaria Control Program (NMCP) and other donors such as the Global Fund—managed storage and distribution of President's Malaria Initiative (PMI)-donated medicines, rapid diagnostic test kits, and other related health supplies aimed to meet the needs of health centers nationwide. The project's procurement support included those same commodities as well as long-lasting insecticide-treated bednets.

The project worked closely with the NMCP, supporting and participating in Malaria Working Group meetings and facilitating ongoing communications regarding key anti-malaria priorities. The project supported end use verification (EUV) surveys to increase visibility across all levels of the supply chain, from central level on down to the facility and community levels.

To help Malawi decisionmakers understand their commodity supply picture and help ensure proper resupply activities, the project facilitated the visibility of supply chain data. The project also provided routine monitoring of the Procurement Planning and Monitoring Report for Malaria (PPMRm) in order to track malaria commodity shipment status and contribute towards improved system performance. Coordinated interventions aimed at improving malaria commodity availability have reduced the stockout rates of all ACTs presentations from 51 percent in June 2011 to 15 percent in March 2016.

**USAID | DELIVER PROJECT**  
has procured commodities for  
Malawi to:

Protect against malaria with  
**6.9 million LLINs**

Treat malaria cases with  
**40.6 million ACTs**

**Test 23.9 million**  
suspected malaria cases  
with RDTs

Prevent malaria in pregnancy with  
**6.2 million tablets of SP**

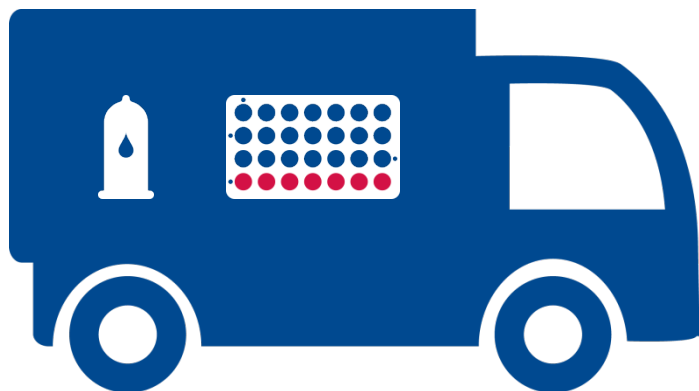
## Reproductive Health in Malawi

Malawi has made impressive gains in reproductive health. The contraceptive prevalence rate (CPR) for modern methods (for married women) has increased from 33 percent in 2004 to 46 percent in 2010 with 42 percent using modern alternatives and 4 percent using traditional methods (Malawi Demographic and Health Survey 2010).



There is a heavy reliance on injectable contraceptives as the primary method of choice—it contributes to 26 percent of the 42 percent modern methods figure.

Through the project's support, the parallel supply chain distributed critical family planning products on a monthly basis with millions of doses distributed over the life of the project. The project distributed over **42 million male condoms**, nearly **3 million doses of Depo-Provera**, and over **1.5 million cycles of Microgynon**.



USAID | DELIVER PROJECT Shipments provided 5.9 million couple- years of protection (CYP):

**1.2 million**

Unintended pregnancies prevented

**40,700**

Infant deaths prevented

**5,500**

Maternal deaths prevented

**27,100**

Under 5 child deaths prevented

# HIV/AIDS Support to Malawi

Critical supply chain supports for HIV/AIDS and other programs needed significant assistance. The adult HIV prevalence rate in Malawi was 9.1 percent in 2015 with nearly 900,000 adults living with HIV (UNAIDS 2015).



**Laboratory services** are critical to most programs, including HIV/AIDS, yet Malawi's systems have been weak and received little attention. Inventory management practices for lab commodities were weak, stock levels of lab products were not monitored systematically, there was

no LMIS for lab products to inform supply chain decisions or monitor lab supply chain performance, there were service disruptions due to stockouts of lab supplies, and existing logistics data wasn't used for quantification and procurement planning. The biggest challenge in quantifying labs was that complete data wasn't available and the limited data available had major reliability issues, leading to major implications for product availability and wastage in Malawi. The project provided laboratory commodity quantification technical assistance, capacity building in laboratory quantification methodologies to the MOH-HTSS, and training on supply chain management.



**TB supply chain services** had gone without a clear strategy and focus for a number of years. The project supported the National Tuberculosis Control Programme (NTCP) with a landscape analysis that then fed into a TB supply chain system review and standard operating procedure (SOP) development exercise, TB supportive supervision tool review and revision, and TB supportive supervision to health facilities to build supply chain capabilities specific to NTLP commodities.

## Laboratory Services Improvements:

Strengthened Lab Supply Chain System Design

Supported Lab Commodity Standardization

Performed Lab Quantification

Training on Laboratory commodities quantification and preparatory systems

Training of Trainers on Lab Supply Chain System



# Technical Assistance

# Technical Assistance Overview

Delivering high-quality health care to patients and clients requires health facilities and dispensaries to have a full supply of medicines and other health products. This necessitates a well-functioning supply chain.

Using best practices and innovative approaches, the project develops and implements robust logistics solutions, fosters supportive commodity security environments, procures and ships health commodities, and partners with local organizations to build sustainable capacity.

In Malawi, these interventions include—

## Strengthen Logistics System Performance

- Warehousing and distribution through the Parallel Supply Chain (PSC)
- Strengthening of local private sector logistics capacity
- Support for supply chain and pharmaceutical management to MOH/HTSS
- LMIS strengthening



## Increase National Commitment to Commodity Security

- Data quality assessment (DQA)
- Support to MOH for quantification, forecasting, and supply planning



## Build Sustainable Capacity

- Strengthening human resources in health logistics through pre-service training
- On-the-job training (OJT) & in-service training (IST)
- Integrated supportive supervision and peer mentorship







## Strengthen Logistics System Performance

To improve health outcomes in the countries where we work, the USAID | DELIVER PROJECT increases the availability of health products by strengthening supply chains and creating global commitment. These efforts are guided by the project's supply chain integration framework.

In the public health setting, an integrated supply chain links everyone who manages essential health commodities to one cohesive management organization, ultimately helping clients access quality health care services and supplies.

## Warehousing and distribution through the Parallel Supply Chain (PSC)

In 2010, the PSC was created to increase accountability within the warehousing and distribution system. Through the PSC, all MOH & Christian Health Association of Malawi (CHAM) health facilities are resupplied each month.

In October 2010, in response to weaknesses in CMS, particularly a lack of accountability, USAID informed the MOH that going forward U.S. Government (USG) procured commodities for the public sector would no longer flow through CMS. As a result, USAID asked the project to develop and roll out the PSC. The PSC was fully operational as of December 2010.

The project managed the warehousing of commodities through one of the project's principle sub-contractors, Imperial Health Sciences (formerly RTT). Similarly, distribution services were contracted out to Cargo Management Logistics (CML), a local Malawian firm. With technical support from the project during 2012 and early 2013, CML developed into a professional transport management company with a six-fold increase in throughput.

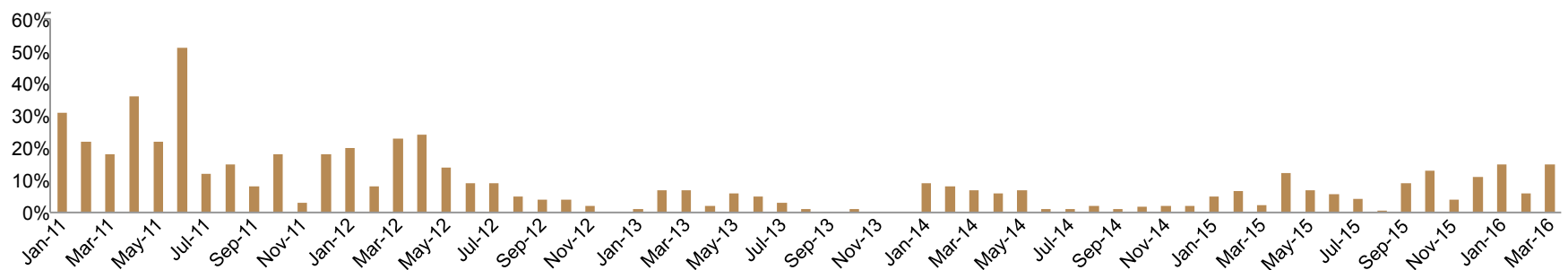
The PSC is responsible for managing storage and distribution of USG-funded malaria commodities, including artemisinin-based combination therapy (ACTs), rapid diagnostic test (RDTs), sulfadoxine-pyrimethamine (SP), and family planning commodities.

Working with the MOH programs, the project develops a distribution list and schedule each month in order to adequately resupply each MOH and CHAM health facility, totalling more than 620 facilities.

USAID was not the only donor to remove their commodities from the CMS supply chain. Given the PSC's strong performance, accountability, and transparency, from January 2012 to July 2013, the PSC managed UNICEF-procured essential medicine kits with funding from KfW, Norway and DFID. The PSC also managed Global Fund antimalarial commodities from the start of the PSC to September 2014. The Global Fund, through the National AIDS Commission (NAC)/MOH subcontracted the storage and distribution of HIV/AIDS and Malaria commodities separately starting October 2014.

Since implementing the PSC, stockout rates have fallen for critical anti-malarial commodities and facilities receive their shipments on a timely and reliable schedule from CML.

**Stockout trend for all LA Presentations at Facility Level January 2011-March 2016**



## Building Sustainability through Private-sector Engagement

By supporting a local vendor in internal development, the project enabled long-term improvements in locally-available distribution capacity

Initially, the project sub-contracted a local warehouse and transport company, CML to manage PSC warehousing and in-country distribution. CML was selected because its capabilities were comparable and competitive with other local logistics firms and they satisfied the project's requirements.

As donor expectations increased and business requirements expanded, CML was faced with increased pressure to meet the expectations but its capacity was limited. The decision was made to bring in a project partner from South Africa, Imperial Health Sciences, to establish a pharma-compliant warehousing operation and to work with CML to improve its distribution capacity. This resulted in the transfer of the warehousing function from CML to Imperial Health Sciences, which put in place a warehousing operation that met international standards, including a high-level warehouse management system.

This enabled CML to concentrate on transportation as its core business. The project provided ongoing technical assistance to CML which resulted in CML being responsive and recognizing the need to improve its performance. Following this development, CML made the necessary investments and effected organizational development to improve their performance and operations.

CML routinely achieved 100 percent on-time delivery for monthly distributions with all deliveries completed during the agreed upon 15 working day window.

The project also focused on improving communication with CML by having management meetings with a well-structured pre-set agenda using key performance indicators (KPIs) for reporting. In addition, CML transport staff were housed at the same premises as Imperial and at a tri-weekly meeting they were able to examine all operational aspects. These changes and improvements significantly enhanced coordination and helped develop a strong working relationship between the two.

The project has helped raise the standard of private sector logistics services, with CML expanding its client base to include contracts with both donors and the private sector. Building CML's capacity resulted in significantly reduced costs for donor clients and improved distribution of pharmaceutical products to designated health facilities in Malawi. The lessons learned through provision of this technical assistance stress the need for effective collaboration, communication, visibility, and trust among partners to ensure an effective and efficient supply chain system.

### CML Organizational Improvements:



International study tour on industry standards



Procurement of routing and scheduling software



Establishment of a transport department with dedicated staff



Development of SOPs and KPIs



Implementation of a deliberate vehicle maintenance plan

## Support for supply chain management and LMIS to MOH/HTSS

Project LMIS and seconded advisor support to the MOH-HTSS improved logistics data visibility, supply chain data management, and monitoring and evaluation practices

Facing difficulties with supply chain monitoring and evaluation (M&E) and data management responsibilities, the MOH requested assistance from USAID to build internal capacity and strengthen their M&E and data management systems. Beginning in 2013, the project recruited and seconded two advisors to the MOH-HTSS to serve as the Supply Chain M&E and Data Management advisors.

With a focus on capacity building and sustainability, the seconded advisors worked with MOH-HTSS to strengthen the LMIS and routine reporting.

The project-supported LMIS, Supply Chain Manager, compiles and aggregates data at the district level for central-level analysis and decisionmaking. Project staff trained district level personnel on the software and provided routine reports on commodity status to MOH-HTSS and other stakeholders.

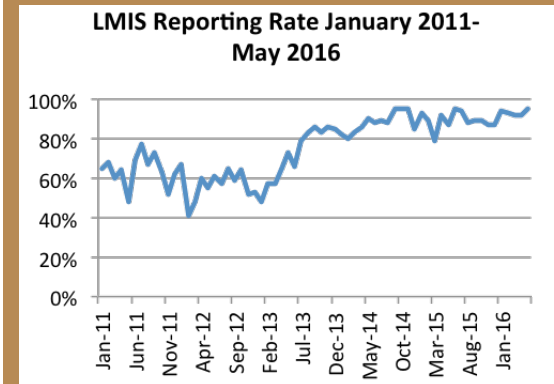
Project support included review and revision of the LMIS tools in 2013-2014, coupled with training and capacity building on the new tool and forms to improve reporting. These efforts yielded increases in reporting rates from 41 percent in February 2012, at the start of the TA support, to 95 percent in May 2016.

In addition to routine, internal HTSS strengthening efforts, the project-seconded advisors also supported technical assistance efforts ranging from annual quantification exercises to strategic planning.

In 2015, the project supported the MOH-HTSS with updating the Pharmaceutical Sector Strategic Plan for 2016-2020. This newly revised and agreed to strategy outlines strategies and objectives for the four strategic areas in the Malawi pharmaceutical sector: access, medicines policy, quality and safety, and rational use of medicines.

## Results

District level reporting rates increase from 41 percent to 95 percent from February 2012 to May 2016





## Increase National Commitment to Commodity Security

Commodity security exists when every person is able to choose, obtain, and use quality contraceptives and other reproductive health products whenever s/he needs them. Strong supply chains alone cannot ensure availability of or access to these commodities.

To help countries create an enabling environment for reproductive health commodity security, the USAID | DELIVER PROJECT, in collaboration with its counterparts, undertakes a variety of policy and advocacy activities at the global, regional, and country levels. The project has also provided secretarial support to the Reproductive Health Commodity Security (RHCS) Coordinating Group.



## Support to MOH for quantification

Project technical support has transformed the annual quantification exercises, making them data-driven, methodologically sound, and focused on advocating for funding needs



The project worked to improve commodity security in Malawi primarily through supply chain strengthening and capacity building. While the national quantification started with FP, it eventually cascaded to all health commodities used and managed in the country.

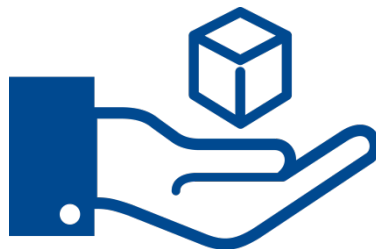
Since the beginning of the project, technical assistance providers have supported the HTSS in conducting annual quantifications for contraceptives, lab supplies, essential medicines, malaria, TB, ARVs, and HIV test kits. The repetition of these quantifications instilled a culture of using standard methods and techniques in quantification, using multiple sources of data, collecting data, employing methods for adjusting data, resolving discrepancies, and reconciling and finalizing the forecasts.

In addition to capacity building and assistance during the annual quantification exercises, the project also provided training on the

quantification process for laboratory commodities.

On an annual basis the project assisted the HTSS in aggregating the forecasted budget needs to present to parliament. This information was compiled into a report which served as a reference document for parliament and was used to fill any funding gaps by donors.

Although the government faced difficulties in fully meeting the funding gaps, parliament used the report as a tool to understand the full scope of commodity needs in the given product areas. This advocacy tool and support resulted in the government of Malawi funding allocation for commodity procurement for the first time in 2014.



## Results



Project support for quantification and related advocacy tools improved the understanding of commodity needs and resulted in Government of Malawi funding allocation for commodity procurement for the first time in 2014.

## Data Quality Assessment (DQA)

DQA results identified critical strengths and weaknesses in LMIS data quality with recommendations for further improvements



Many MOH-HTSS and project interventions focused on improving LMIS reporting, but data quality did not receive the same

degree of focus until the first round of DQA in 2014. The project supported the Ministry of Health in conducting data quality assessments in 2014 and 2015, covering data from May 2013 to May 2014 and June 2014 to March 2015, respectively. The prime objective of the exercise was to assess the extent to which data reported through the LMIS mirrored the situation at the source, allowing for accurate decisionmaking.

The DQA evaluated three major data elements:

- ☐ consumption data
- ☐ stock on hand
- ☐ stockout days.



The analysis for both DQA exercises showed that LMIS data quality gradually improved and that the degree of improvement was maintained.

Assessors noted greater consistency between LMIS reports and the LMIS database compared with the levels of consistency between stock cards and the LMIS reports. Furthermore, the degree of consistency for reporting stock on hand data was much higher than the degree of consistency for reporting consumption data.

Based on these findings, the DQA exercises generated important recommendations (see sidebar) to be implemented by the MOH-HTSS in conjunction with the district health officers (DHOs) and district pharmacy technicians.

### Recommendations:



Assign LMIS management responsibilities to specific staff



Support health facilities in developing and documenting data management SOPs



Continue mentorship of drug store clerks by district pharmacy technicians



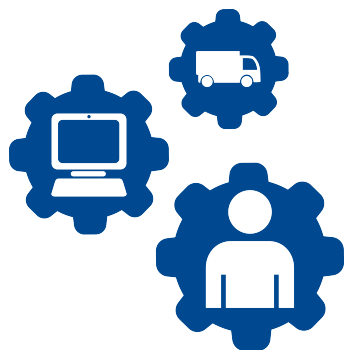
## Build Sustainable Capacity

An essential component of a robust health supply chain is the staff that implements logistics tasks. To run effectively, public health supply chains require motivated, trained, and skilled staff with competency in the various essential logistics functions and who are also empowered to make decisions that positively impact health supplies and supply chains.

The goal of the USAID | DELIVER PROJECT's capacity building activities is to strengthen human resources (HR) in public health supply chain systems in the developing world. A focus on developing a superior workforce allows organizations and individual staff to accomplish their customer service goals, ensuring higher performance among public health personnel and, therefore, increased availability of contraceptives and other essential health products.

## Strengthening Human Resources in Logistics through Pre-service training

Pre-service training for pharmacy assistants resulted in a better equipped workforce with skills in supply chain management



A significant lack of adequate human resources in Malawi's public health system makes it very difficult to provide all the support Malawians need, especially at SDPs. To address this challenge, the MOH adopted long and short-term strategies for improving supply chain capacity in the SDP-level workforce.

Beginning in 2008, the project supported the MOH/HTSS with a long-term strategy to revive the Pharmacy Assistant (PA) Training Program at the Malawi College of Health Sciences (MCHS) in Lilongwe. In collaboration with the MOH/HTSS, the project developed the initial supply chain

management curriculum to be implemented at MCHS. Following adoption of the curriculum, the project trained 11 MCHS lecturers on the supply chain management modules for the PA program.

In 2013, the project, in collaboration with VillageReach supported the first cohort of 20 PA students through the two-year PA certificate program. This support included student interviews and selection, tuition payment, DHO and health center placements, and routine monitoring and evaluation in supply chain skills.

The second cohort of 30 students began their coursework in 2014 with the same support from the project and VillageReach.

Students came from all over Malawi to participate in this program, which included coursework, field practicums, and mentorship. Retention rates remained high through graduation. The students have since graduated and work to serve their communities through effective management and administration of pharmaceuticals.



## In-Service and On-the-Job Training

Project-led capacity building efforts spanned across numerous intervention areas to grow local capabilities and work toward a more sustainable public health supply chain sector

Realizing that it will take some years to train sufficient staff for the country through PST, the MOH temporarily introduced an health surveillance assistant (HSA)-level cadre to act as drug store clerks (DSC) responsible for stock keeping and monthly LMIS reports.

The project assisted the MOH with this initiative, training and mentoring select pharmacy attendants chosen to serve as drug store clerks at facilities. This short-term measure aimed to help close the gap between current practices and targeted accepted logistics practices. Malawian clients need the right health commodities available today and cannot wait two years for more highly-trained personnel to begin their service in local facilities.

The project supported the MOH in training, deploying, and supervising these staff. A total of 2,978 HSAs and in-charges and 158 CHAM Pharmacy Attendants were trained and refreshed in stock keeping and reporting. A total of 884 other health cadres received various trainings supported by the project from 2008 to 2015.

In addition to drug store clerk trainings, the project included capacity building and training in nearly all intervention areas to ensure sustainability and proper skills transfer to national counterparts.

The project conducted a laboratory commodity quantification training and pre-quantification data review workshop in order to strengthen the country ownership of the laboratory commodity quantification process.

General supply chain management skills are also critical for facility and district level public health workers. Numerous times during the course of the project, project staff conducted the DELIVER-developed Overview of Supply Chain Management for Public Health Commodities course for selected healthcare workers. Staff received introduction on critical skills related to commodity management, storage best practices, quantification, and stock keeping. These newly acquired skills allowed health facility workers to better manage products in their facilities and contribute towards greater commodity availability at the facility level.

## Trainings



Supply Chain Management



Quantification



Supportive Supervision



Family Planning



Malaria RDTs



Laboratory quantification and pre-quantification data review



Supply Chain Manager (LMIS)



## Integrated Supportive Supervision and Peer Mentorship

Health facility staff improved commodity management as a result of project-supported supportive supervision visits

In an effort to strengthen district pharmacist engagement with health facilities in their districts, the project, in collaboration with the MOH-HTSS, developed a supportive supervision tool for use by district pharmacists at the facility level. The project began the Integrated Supportive Supervision and Peer Mentorship (ISSPM) pilot in 2012 in six districts. The visits grew to include approximately 168 facilities each quarter across all 28 districts in Malawi with 14 teams of supervisors and mentors from the project and MOH-HTSS conducting the visits.

Teams use a standard supervision tool that captures storage, stock management, stock status, and other commodity management indicators. The supervision visits covers an integrated assortment of commodity groups with family planning, HIV/AIDS, malaria, and essential medicines all included.

ISSPM enables the MOH-HTSS to:

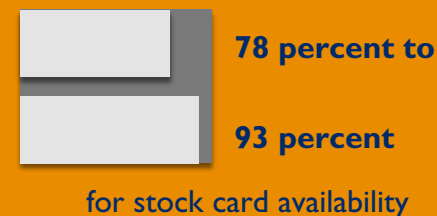
- assess health facility leads' performance on key measures of logistics and supply chain management

- provide support to health facilities and the district health offices (DHOs)
- mentor district leads on how to provide quality supportive supervision to those working in facilities within their district.

District health officers and facility staff receive copies of the feedback reports and supervisors use the reports and supervision team inputs to make appropriate management changes and improvements.

Over the course of implementation, ISSPM data has demonstrated increases across a number of key indicators, including percentage of facilities meeting storage guidelines, percentage of facilities with available stockcards, percentage of facilities with updated stockcards, and percentage of facilities with monthly inventory conducted over the past six months.

### Indicator improvements include:







**The Way  
Forward**

# The Way Forward

Sustainability is a significant challenge in Malawi. The government is profoundly resource-constrained and offers limited political leadership and commitment. Without the consistent and continuous support of donors, gains cannot be sustained. In addition, staff turnover and understaffing at all levels of the public health system pose an additional problem as does limited coordination among donors.

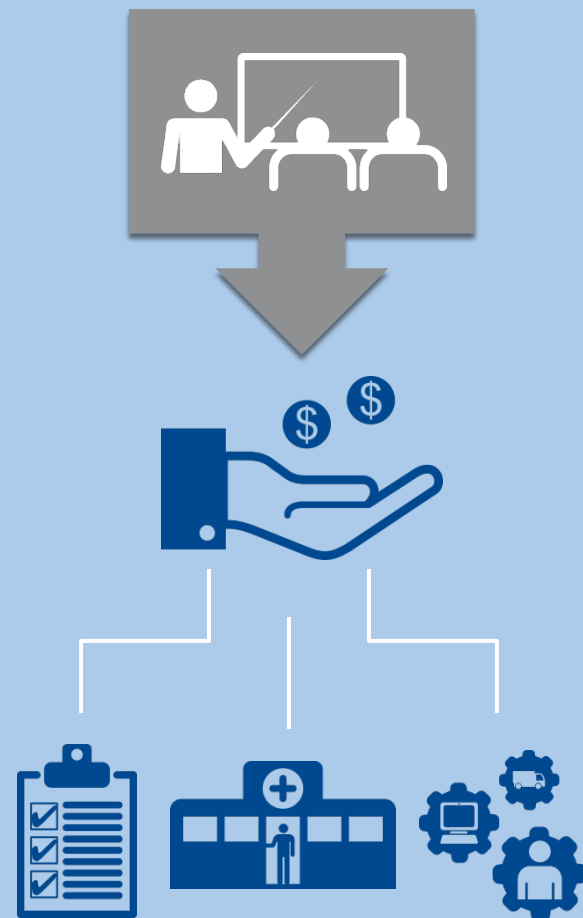
While the government is clearly resource-constrained, it can make major gains if it invests in prudent fiscal management, including real efforts to fight corruption. Donors have to use their resources to not only support CS, but also as leverage in prompting the government to make the necessary changes that will lead to opportunities for sustainability in the future.

The government and its partners need to support the HR function in the public health system. This is the biggest opportunity that can be created, especially if qualified people are hired and placed in the right places. There is need for further investments in this

space, not just to increase the quantities (number of nurses, for example), but to improve the quality of cadres that come out the training institutions.

There is also opportunity to increase the capacity building within the leadership, particularly strategic supply chain management, including drawing and managing operations plans.

The three opportunities noted above will take time to execute. The solution would be to currently use seconded staff to cover gaps, particularly at the central level while the government and its partners work on long term solutions. There is obvious need to guard against the possibility of complacency, as things start working using seconded staff, it's never a long term or sustainable solution.





# Additional Resources

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# Acronyms

ACT	artemisinin-based combination therapy	MOH	Ministry of Health
ARV	antiretroviral	NMCP	National Malaria Control Program
CHAM	Christian Health Association of Malawi	OJT	on-the-job training
CML	Cargo Management Logistics	PMPB	Pharmacy Medicines and Poisons Board
CMS	Central Medical Store	PPMRm	Procurement Planning and Monitoring Report for
CPR	contraceptive prevalence rate	malaria	
CS	commodity security	PSC	Parallel Supply Chain
DFID	Department for International Development	RDT	rapid diagnostic test
DHO	District Health Offices	RH	reproductive health
DSC	drug store clerks	SCMgr	Supply Chain Manager software
EUV	end-use verification	SDP	service delivery point
FP	family planning	SOP	standard operating procedure
HSA	health surveillance assistant	TA	technical assistance
HTSS	Health Technical Support Services	TOT	training of trainers
ISSPM	Integrated Supportive Supervision and Peer	TFR	total fertility rate
Mentoring		UNICEF	United Nations Children's Fund
IST	in-service training	USG	U.S. Government
JSI	John Snow, Inc.		
KfW	Kreditanstalt für Wiederaufbau (a German government-owned development bank)		
LLINs	long-lasting insecticide-treated bed nets		
LMIS	logistics management information system		



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For more information, please visit [deliver.jsi.com](http://deliver.jsi.com).



## **USAID | DELIVER PROJECT**

John Snow, Inc.

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Email: [askdeliver@jsi.com](mailto:askdeliver@jsi.com)

Internet: [deliver.jsi.com](http://deliver.jsi.com)