Background

• 2004 USAID Deliver creates a vertical supply system to support ART program
• Challenges with old system:
  • Low reporting rates in the public sector
  • Parallel and duplicate reporting
  • Limited data utilization and increased central warehouse strain
• MoH and USAID SURE implement WAOS in DHIS 2 to support the ARV supply chain rationalization

Objectives

• Ensure regular supply of ARVs and related health commodities to ART health facilities
• Rationalize ARV ordering and reporting to central warehouses NMS/JMS/MAUL
• Decrease central warehouse workload by compiling orders from facilities
• Increase access to accurate order and patient data
• Improve data quality and data utilization

Challenge

• DHIS 2 system instability and server downtime
• Late deliveries by warehouses lead to late reporting by facilities
• Data retrieval is tedious and subject to errors, leads to poor quality data
• Low reporting rates in the private sector (PNFP/PFP)
• Lack of computers, internet and ICT knowledge at health facilities
• Delay in giving access rights and lack of cooperation among some biostatisticians using WAOS
• Difference in warehouse delivery schedules affects facility support; strain on biostatistician’s planning and disrupts analysis of national data for given period

Process

• Design – MoH-AIDS Control Program, pharmacy division, resource center and DHIS 2 consultant supported by SURE program. Approved by MoH e-Health group. Developed as a DHIS 2 module
• Implementation – Mapping of computers and internet connectivity of ART sites. Training of trainers for MoH, implementing partners and regional pharmacists. Official use of WAOS in April 2013
• Stakeholder buy-in – Regional meetings about roles of district health officers

Successes

Central level (MoH)
• Created a harmonized and centralized ARV reporting and ordering system for public and private sector
• Source of logistics data and assumptions for national quantification and supply planning
• Supported implementation of supply chain rationalization for HIV commodities

Warehouse level
• Quick relay of order information for resupply of commodities
• Reduced workload
• Transparent ordering process

District & health facility level
• More involvement in ARV supply chain activities
• Facility timeliness, consumption, and patient data reports that facilitate targeted support supervision
• Improved quality of orders due to auto-calculated data fields
• Generation of facility stock status reports
• Flexible access to facilities with computers and internet
• Reduced order submission costs
• Duplication of orders eliminated

Warehouse reporting rates before 2013

Warehouse reporting rates after 2013

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