

DHIS 2 Web-based ARV Ordering and Reporting System (WAOS) for ART clinics

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

Challenges

- 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

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

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

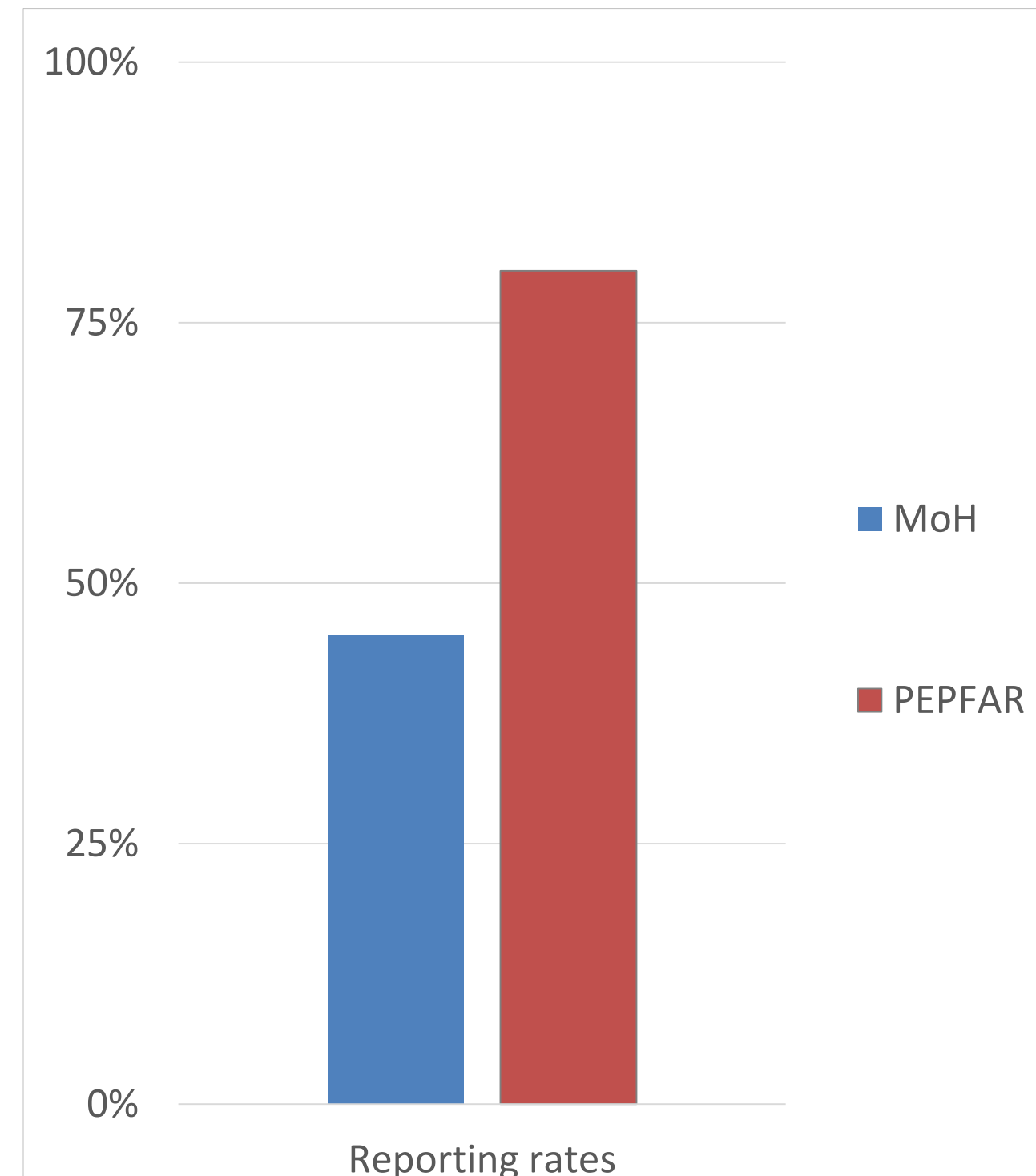
Warehouse level

- 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

