MIS Deep Dive: An overview of OpenLMIS implementation in Malawi

USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM

Procurement and Supply Management

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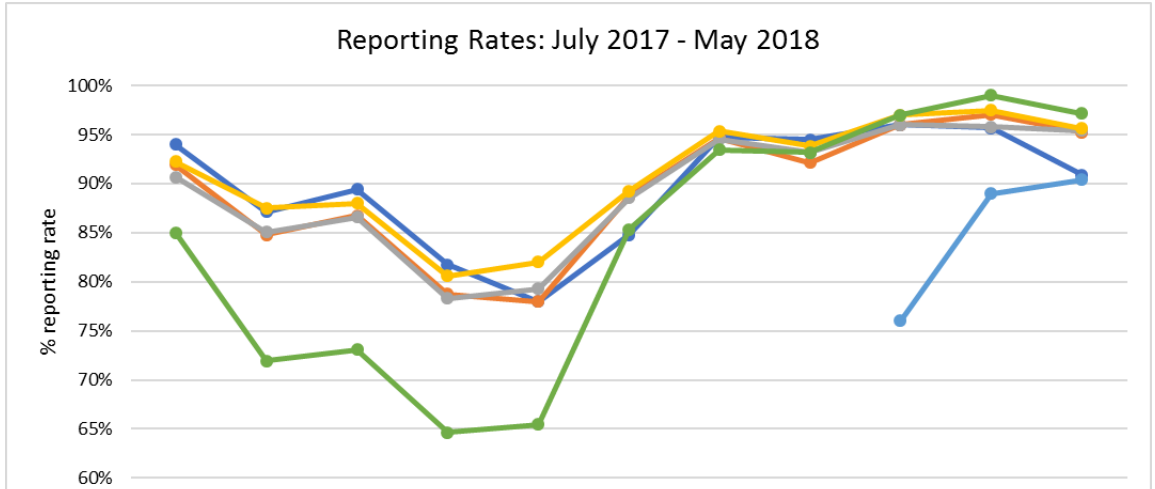
U.S. President's Malaria Initiative

Background of Malawi LMIS

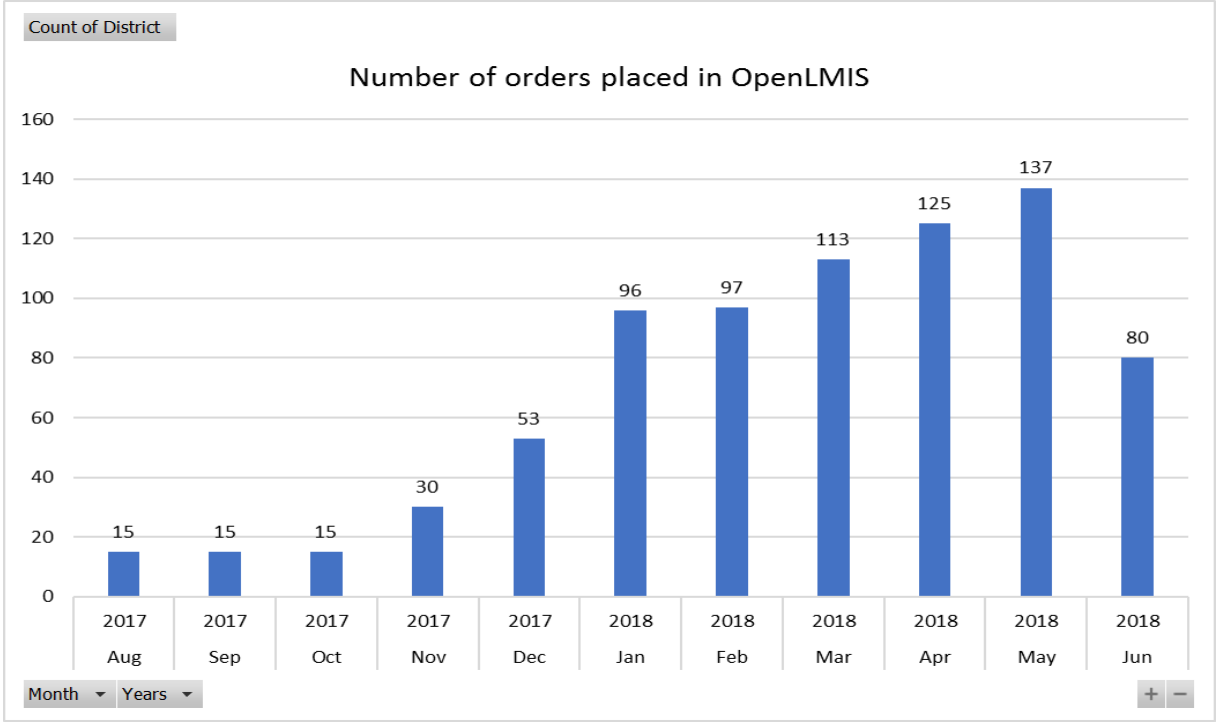
- 680 Health facilities distributed across 28 districts
- Logistics system designed ~2004
- 150 – 350 products reported by health facilities on paper LMIS
- Supply Chain Manager used for over a decade to report LMIS data
  - MS-Access based tool installed in 33 sites
  - Manual aggregation of MS-Access files
  - Incompatibility with newer versions of Windows
- OpenLMIS implemented in August 2017 to replace Supply Chain Manager

Current status

- OpenLMIS used for **reporting** LMIS data and **ordering** stock from central warehouse (CMST)
- Ordering supported for ~1,500 products
- 43 sites directly using OpenLMIS to report LMIS data on a monthly basis
  - 28 districts
  - 5 Central Hospitals
  - 10 data entry sites (Health facilities & community Hospitals)
- Data being captured for ~680 health facilities countrywide
- Data is complete, arithmetically accurate and timely available to inform SC decision making



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18
Essential Meds	94%	87%	89%	82%	78%	85%	95%	95%	96%	96%	91%
RH	92%	85%	87%	79%	78%	89%	95%	92%	96%	97%	95%
HIV	91%	85%	87%	78%	79%	89%	95%	93%	96%	96%	95%
Malaria	92%	88%	88%	81%	82%	89%	95%	94%	97%	97%	96%
Nutrition									76%	89%	90%
TB	85%	72%	73%	65%	65%	85%	93%	93%	97%	99%	97%



Key success factors

- Engagement of the government and buy-in is critical
- Requirements were gathered and verified in coordination with existing supply chain stakeholders
- Ensure that the application complements existing process flows **not** to re-configure them
- User Acceptance Testing (UAT) of the application by the anticipated end users provided critical feedback to improving the application following its customization
- **Training** and **post implementation support** to the end users critical in ensuring system is used
  - Monthly field visits that lasted 2 weeks during first 6 months of implementation
  - WhatsApp Group for instant access to support
  - Functionality that was not well understood during the training were cemented during field visits
  - Trainings scheduled close to the go-live date
- Strong project implementation & support team

Lessons learned

- Harmonization of master data including products and facilities is critical to ensuring that system is interoperable with other applications
- Change management is essential in ensuring that the new system seamlessly integrates, especially since a legacy system had been used for over a decade.
- Ensuring that systems implemented are designed with the end user and the environment in mind is critical to ensuring their adoption : (1) Limited IT skills (ease of use), (2) limited internet connectivity (low bandwidth)
- Existence of strong base of functioning logistics processes is a critical foundation for successful LMIS automation initiatives
- Phased implementation of features is critical for the success of the system. OpenLMIS had multiple features; Malawi chose functions that were critical for them to replace Supply Chain Manager

Next steps

- Integration with other information systems in the country
  - DHIS-2 to enable data triaging between LMIS and service statistics
  - CMST's ERP system to enable automatic transfer of order from OpenLMIS to central warehouse
- Pilot other functionalities of OpenLMIS (stock management) in few health facilities

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