Reduced malaria commodity stock-outs at health facility level through monthly supervision in Benin

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To reduce stock-outs of essential malaria commodities at health facilities (HFs), the President's Malaira Initiative (PMI) piloted a monthly supervision approach in two purposively selected health districts in Benin, Parakou-N'Dali (PKN) and Come-Bopa Houeyogbo-Grand Popo (CBGH). These districts were selected based on having average (PKN) and low (CBGH) Logistics Management Information System (LMIS) performance scores, which was comprised of completeness, timeliness and accuracy of the LMIS reports and data. Quality Improvement Teams (QITs) made monthly visits to all HFs in PKN (20) and CBGH (48) for a nine-month period in 2015. During the monthly visits, the QITs collected information on malaria commodity availability, prescription data, and pharmacy records. They also assessed compliance with the LMIS parameters, completeness and timeliness of LMIS reports, as well as consistency, accuracy and quality of the LMIS data. During the intervention period, the proportion of HFs with health workers able to correctly fill out a LMIS report increased from 21% to 84% in CBGH and from 16% to 90% in PKN. During the same time period, the degree of discordance between the quantities of Artemisinin Combination Therapy (ACT) prescribed (as recorded in the treatment registers), and the quantity dispersed (as documented in the monthly pharmacy logs), reduced from 93% to 19% in CBGH, and from 73% to 18% in PKN. Stock-outs of Artesunate/Lumenfatrine (as a proxy for all ACT presentations) also declined in both districts. Close follow-up and coaching by the QITs contributed to more reliable logistics data and improved tracking and availability of malaria commodities at the point of service delivery. The team based approach fostered effective problem solving and local resource mobilization to address identified needs by the District Management Teams. Chief Medical Doctors are able to conduct quality control by linking prescription and dispensation data. This capacity building approach is recommended in health districts with poor supply chain management at the HF level. Further assessment is needed to determine the sustainability of the approach.