Contributing to SDG3 Through Improved Data Use
Zambia eLMIS/OpenLMIS

Christopher Opit, Mattias Wiklund (JSI)
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Presentation Outline

• What is OpenLMIS
• OpenLMIS/eLMIS implementations
• Zambia implementation
• Guidelines
• Data use interventions
• Results
• Lessons learned
What is OpenLMIS?

An open source, web-enabled, enterprise class electronic logistics management information system (LMIS) purpose-built to manage health commodity supply chains

The OpenLMIS initiative incorporates a community-focused approach to develop open source and customizable LMIS systems
The OpenLMIS Community
OpenLMIS has been implemented in 6 countries/geographies, with two additional deployments planned in July 2017

- Guinea and Malawi – Rollout in 2017
- Prospective implementations
  - Cameroon, Liberia, Senegal
Guidelines

• Principles for digital development
• Supply Chain SOPs – need for flexibility, responsiveness and efficiency
• eHealth strategy
• National supply chain strategy
• National Health Strategic Plan
• WHO and other international guidelines
Data Use Strategy

- Design – interoperability, ease of use accessibility
- Implement to cover all critical business processes
- Identification of key stakeholders, roles and information needs
- Consistent data reviews and information dissemination
- System support and continuous improvement
Implementation: Focus for Impact

- Phased implementation – prioritizing high volume SDPs (Pareto’s 80/20 rule)
- Infrastructure improvement – internet, computer networks, electricity backup
- Appropriate tools – computers, tablets, printers
- Capacity building – On-the-job training and peer mentorship

“Indeed, peer learning advocates hold that people embarking on reforms can learn from peers who are also going through (or have experienced) similar reforms. Peer learning replaces abstract notions of “vision” and “political will” with an emphasis on practical problem-solving.” Andrews and Nick Manning (2016)

Implementation: Workload Redistribution

• Involvement of districts and facilities in data input
  – Health facilities transactional inventory management data
  – District staff all data for low volume health facilities
### Implementation: Coverage

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<tr>
<td>• Nationwide (All 2000+ facilities)</td>
<td>• FE installed at &gt;258 high volume health facilities roll-out ongoing</td>
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<tr>
<td>• Installed at Medical Stores Limited</td>
<td>• District Module installed in districts</td>
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<td>• Hub Module installed at 1 hub</td>
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Results: Ellis Nkandu, Lewanika General Hosp

What do you like most about the eLMIS?

The system is fast and it has reduced the workload. With the old system, we had challenges when making reports. We spent a lot of time, up to a week, working on reports. With eLMIS, I have no problems. Data is entered quickly and accurately. To send a report, all I have to do is click.

You did not attend the full eLMIS training but received on-the-job training, was it still easy for you to use the system?

It was very easy. I experienced some problems but I consulted colleagues who were trained to help with the minor problems that I had. It was important to have people nearby to assist me in that way.

Having worked with the system for two months, what are your general views of it? How well do you think it can be successfully rolled out throughout Zambia?

It has been a good experience. I think that eLMIS will be successfully rolled out nationally once all the equipment is in place and all the users are correctly trained. I think they’re looking forward to working with it.
Results: Improved Supervision

• Empowering managers to investigate supply chain problems
• Visibility of supply chain operations to all stakeholders
  – Regular dissemination of supply chain performance information
Results: Improved Supervision

• “…At the click of a button I am able to see the whole picture for my district. Once I log onto eLMIS, I can determine which facilities I need to follow up with,” describes Mr. Lwandu.
Results: Improved Supply Chain Supervision

• Targeted supervision visits conducted
• Lower M&E costs – availability of routine data
• Collaboration among stakeholders – better support
Results: Improved Data Accessibility

- Increased number of user sessions
- Reduced pages per session
Results: Improved Stock Availability Vs Controlled Emergency Orders

- Improved Stock Status at SDP
- Controlled Emergency Orders
Results: Impact on Health Care Service Delivery

• Improved stock throughput and availability (>90% for key products)
• Reduction in missed treatment opportunities – better adherence, can result in lower treatment costs
Results: Improved Throughput

Monthly Total of Key HIV test Kits Used

Improved capacity to support WHO universal test and treat strategy

141% Increase
Results: Reduction in Missed Treatment Opportunities

254% Increase in quantities Dispensed monthly

Increase in the Number of Clients Treated
Lessons: Address Key Problems

Supply Chain Bottlenecks Addressed:
• Better inventory management at SDPs
• Data quality and timeliness
• Easier support supervision – through data visibility
• Improved distribution planning, scheduling
• Forecasting and Quantification
Lessons

• Shared burden – users, managers and implementing partners (sustainable solutions)
• Participation in strengthening country eHealth governance initiatives – critical for ownership
• Building capacity at all levels – not an option but a requirement for adoption
• Focus for impact – think beyond geographical coverage
• Continuous improvement