



# Monitoring availability of health commodities –CSOs experience TRM-Nov 2017

# Outline

- Availability of health commodities
- Orders versus receipts
- Systems
- Way forward

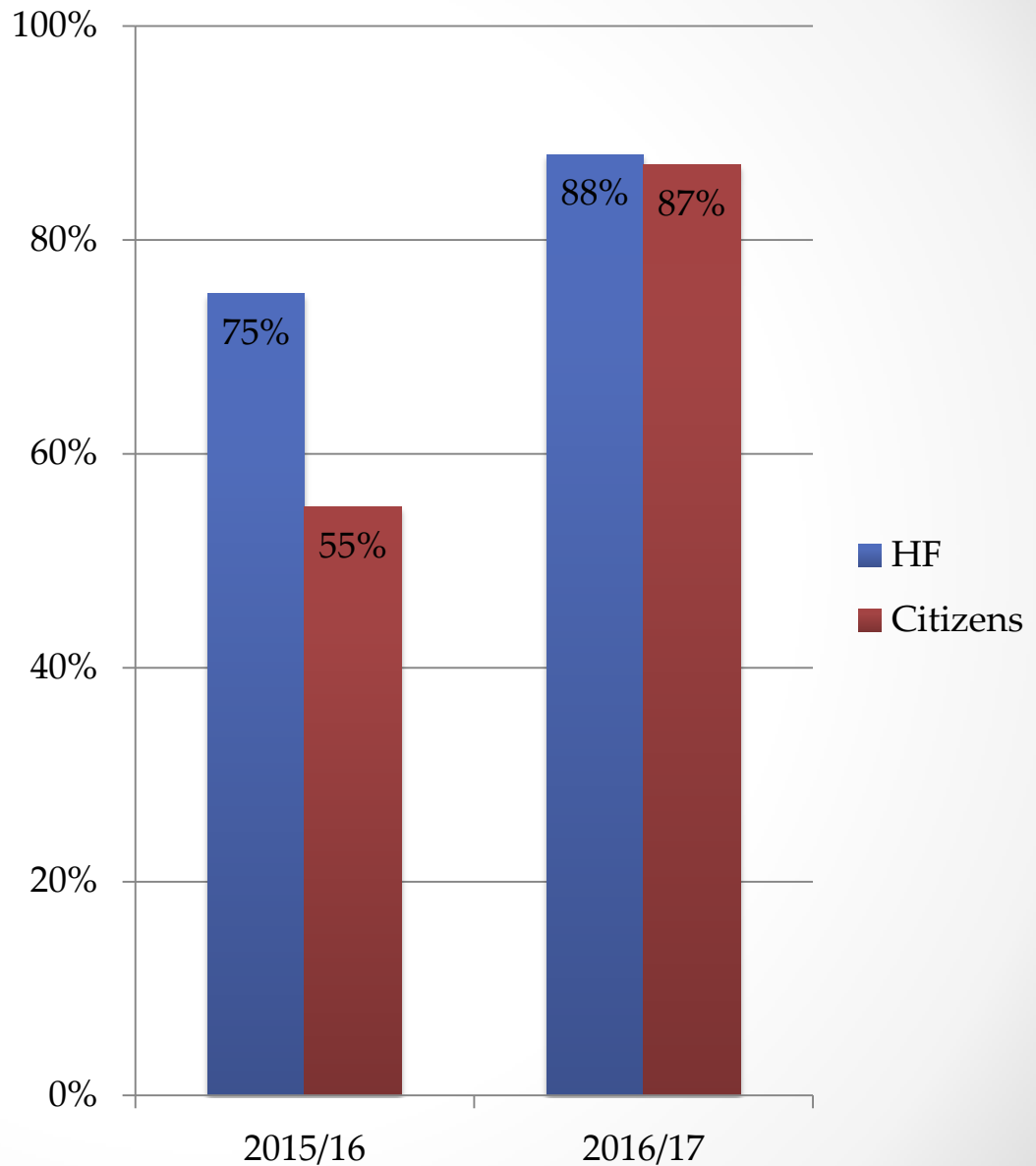
# Availability of tracer health commodities

## 2015/16

- Baseline conducted in 20 districts
- 92 Health facilities(HF) visited
- 1528 exit interviews

## 2016/17

- Monthly monitoring to 6 districts
  - 29 HF visited
- 329 exit interviews

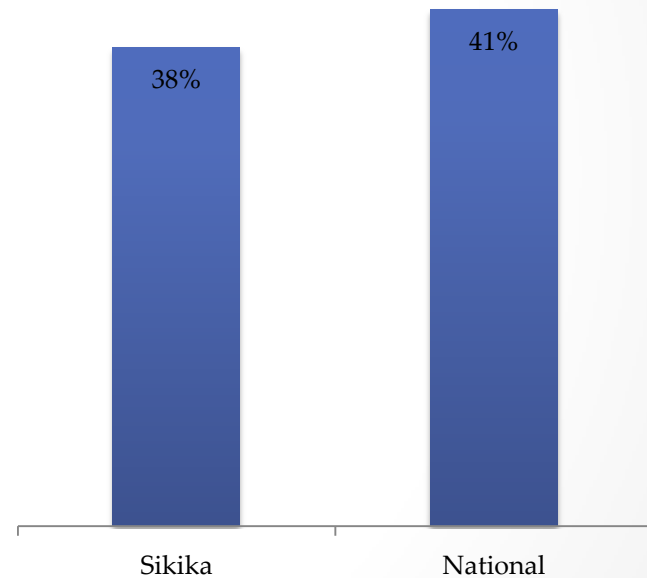


# Possible reasons for improved availability

1. Prescribing practices
2. Increased budget?
  1. Central budget
  2. Alternative funds
3. Systems evolution?

# HF orders versus receipts

- Is improved central budget reflected in medicine availability from MSD?
- Which budget covers the remaining percent?



- Order fulfillment rate-2016/17

# Systems

- Systems evolution: Orion, Epicor, SMS for Life, ILSGateway, eLMIS, E to E, GoT-HOMIS, HMIS.
  - What is the cost?
  - Who are users?
  - Who is accountable?
  - What is the impact?
- Focus on MSD (main system)
- Others (complementary)
- Parallel systems?

# Way forward

- What should be done to improve availability of health through central system?