**LMIS Implementation Review**

**Background:**

Logistics Management Information Systems (LMIS) are the systems by which data flows from the service delivery sites through intermediary levels to the central level. The Global Fund is supporting the establishment and strengthening of LMIS in several countries and may request the LFA to assess the extent to which LMIS are established and functioning.

**Objective(s):**

The objective of this verification is to assess:

1. The extent to which the LMIS system is in place and functioning as intended, highlighting any bottlenecks
2. Whether LMIS data (particularly related to HIV, TB and malaria) are flowing through a single LMIS, a disease-specific LMIS or grant-specific/parallel LMIS.

**Scope of Review:**

***[Please specify:]***

* Geographic area or sampling methodology (how many sites & where; all patients or a sample; period of time being reviewed)
* What disease/grants are being covered and what specific aspects of the disease programme are being covered

**Tasks:**

***[The list below represents a comprehensive verification. The Global Fund Country Team and the LFA should agree on whether a full verification (i.e. all of the below questions) or a partial verification (i.e. focus on some specific areas only), is required.]***

The LFA is expected to assess and verify whether the following elements are in place and functional:

1. Integrated data collection and reporting tools

* Data collection tools are integrated across the various health programs to ensure no overlap/duplication/multiple versions of the same data, and no incompatibility among tools (i.e., tools can be different but should be compatible).
* Forms for collecting and reporting the data are well designed, easy to fill out, and easy to aggregate.
* Standard operating procedures for recording, aggregation and reporting are developed and are available at service delivery/data generation points and at various levels of aggregation.
* The reporting cycle is aligned with the timelines for decision making.
* Commodity reordering and data reporting systems, including staff and tools, are the same or are different.
* Registers and other data collection tools are aligned to the LMIS requirements.
* Registers and other data collection and reporting tools are in place at the health facilities and community level.
* Relevant reporting tools are available at the intermediate levels.
* Data verification protocols are available and used at all levels.
* Verification of data is conducted at the community, health facility, intermediate and central levels.

1. Data quality control mechanisms

* Data being reported are consistent with the data being recorded on the primary collection forms.
* Records and forms are properly maintained and kept up-to-date.
* Records within a facility are consistent with one another (e.g. receiving records match with stock cards; stock records match with physical inventory at the time of the assessment).
* Records from a specific facility match with records from facilities above and below (e.g. shipments sent from higher level are received and recorded properly).
* Data timeliness and completeness reports are available as part of LMIS, by facility for all routine reporting.
* Mechanisms are in place to address late, incomplete, inaccurate and missing reports; including following-up with sub-reporting levels on data quality issues
* Data quality control measures such as checking reported data against register or annual checking of a sample of facilities is taking place and evidence of this is documented.
* Protocols and templates for providing feedback to lower levels exist and are used.

1. Data used for management and service delivery

* Data generated from LMIS are routinely used in monthly/quarterly/annual reviews and reports by LMIS/MoH staff at all levels of health care as part of the process of:
  + Evaluating achievements related to inventory management targets/indicators
  + Health products forecasting & quantification and/or planned review thereof.
  + Health products procurement/shipment planning
  + Programmatic management of HIV, TB and Malaria
  + Health products’ redistribution
* Evidence of data use is demonstrated at the different levels of aggregation by the relevant disease programmes and Pharmacy departments (e.g. link between order quantities and consumption data; display of latest graphs/maps in facilities).

1. Human resources capacity

* Staff at relevant levels of the health system have been trained in LMIS data capture and reporting and understand what is expected of them.
* There is adequate staff at the district/regional levels with expertise in data capture and analysis.
  + Where there is inadequate staff capacity, assess if plans exist to fill the gaps.
* There is data analysis capacity and data use at central level.
* Sustainability of human resources is ensured (handover systems in place in case of illness or absence of person in charge of LMIS).
* Assess staff opinions about the ease of use and usefulness of the LMIS and suggestions for improvement.

1. Infrastructure for LMIS

* Support system for users in place – this includes Standard Operating Procedures (SOPs) for troubleshooting and provisions to contact a help desk.
* Back up/security/maintenance system is in place and functioning.
* Internet connectivity is adequate for the transmission and receipt of data at all levels.
* Software is available at all levels to collect and aggregate LMIS data on relevant health products for HIV, TB and Malaria as well as provide real time information on stock status for the relevant levels (e.g. district software aggregates data from all health facilities in the district).
* There is no duplication of software to collect LMIS data at all levels of data collection and reporting. In case of duplication, check and assess plan(s) to harmonize the various software.
* LMIS software is integrated with the National Central Medical Stores’ Management Information System to facilitate procurement and shipment planning

1. Data management and data repository

* Central data repository (e.g. Logistics Management Unit) is in place for secure storage, management, analysis and dissemination of data flowing through the LMIS.
* The central data repository integrates data from different sources (e.g. data from various health care levels and National Central Medical Stores)
* Evidence of improvement in LMIS data collection and reporting by lower levels of health care from supportive supervisory visits conducted by higher levels
* Evidence of use of LMIS information by relevant technical committee/working group for programme management, procurement, fund raising, etc.

1. Synergies/links between LMIS and other systems

* Links between the LMIS and other systems/sub-systems are in place, including the potential for integration, such as HMIS
* In particular, the potential/status for integration and harmonisation between LMIS and HMIS – are systems integrated and data compared?
* Cross checks are conducted between HMIS and LMIS data

1. Mapping and description of the LMIS *(as required, depending on the information and grant management requirements of the Global Fund Country Team)*

**Methodology/Strategy:**

* Desk review of documents such as the Inventory management SOPs, LMIS data collection and reporting tools, Supportive Supervision checklist, Tracer medicines and other pharmaceuticals, LMIS Data processing SOPs, etc.
* Verification of LMIS functioning at the service delivery level (community and health facility), as well as at the data aggregation level (district, regional and central level).
* Interviews with key informants such as health facility staff, district/regional HMIS Officers, central level HMIS Manager(s).

**Output/Deliverables and timing of deliverables:**

The report on LMIS implementation should address each of the points listed under the scope of review/list of tasks, as per the Global Fund request, and supplemented with other relevant information. It should include without limitation:

1. A detailed description and analysis of issues/risks identified. The LFA should comment on the context and possible root causes of the issues identified, providing background information as necessary and prioritise the list of issues in an executive summary according to their significance. Where there are material differences between the written description and the system “in use” these should be clearly elaborated.
2. Recommendations for addressing issues identified. Recommendations should be:

* Detailed – with all the relevant information included
* Specific and contextualised
* Time-bound
* Prioritized based on the level of risk
* Identifying the main entity responsible for implementation

**Service Delivery**:

This task should be undertaken by the LFA PSM Expert who is accountable for the technical content of this report. S/he can be supported, as needed, by other LFA team members in the planning and during the verification. The LoE for this task, including report writing, depends on which elements of the ToR and the number and location of service delivery sites included in the review, as agreed between the Country Team and the LFA.