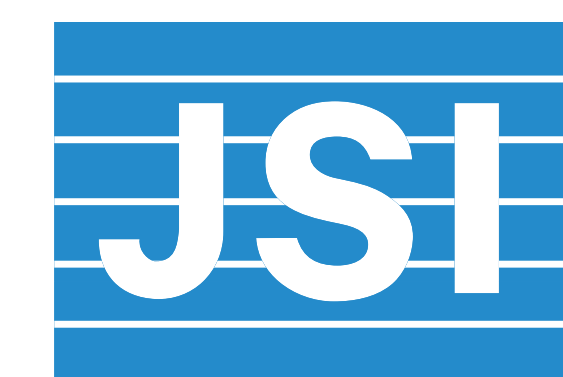




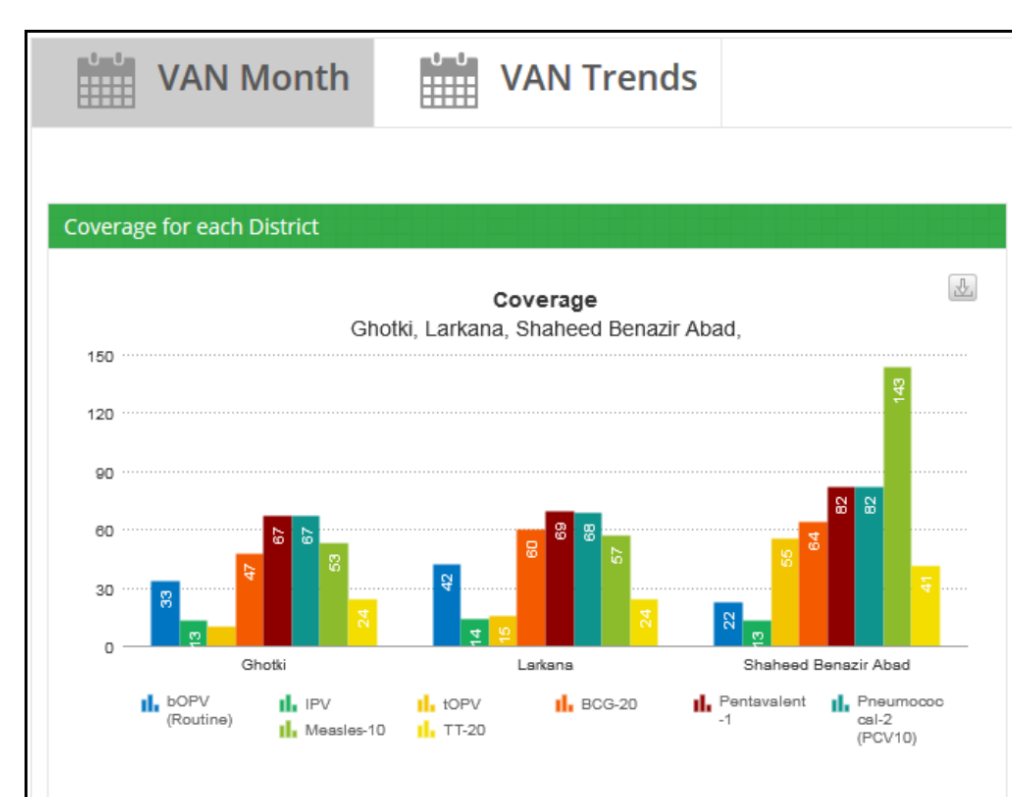
Pakistan Quality Improvement Teams for Improving Immunization Supply Chains



Sarah Andersson, Barbara Lamphere, Tanweer Hussain, Tanzeb Ali, Yaqoob Laghari, Altaf Gujar, Khalil Shaikh, Chris Wright

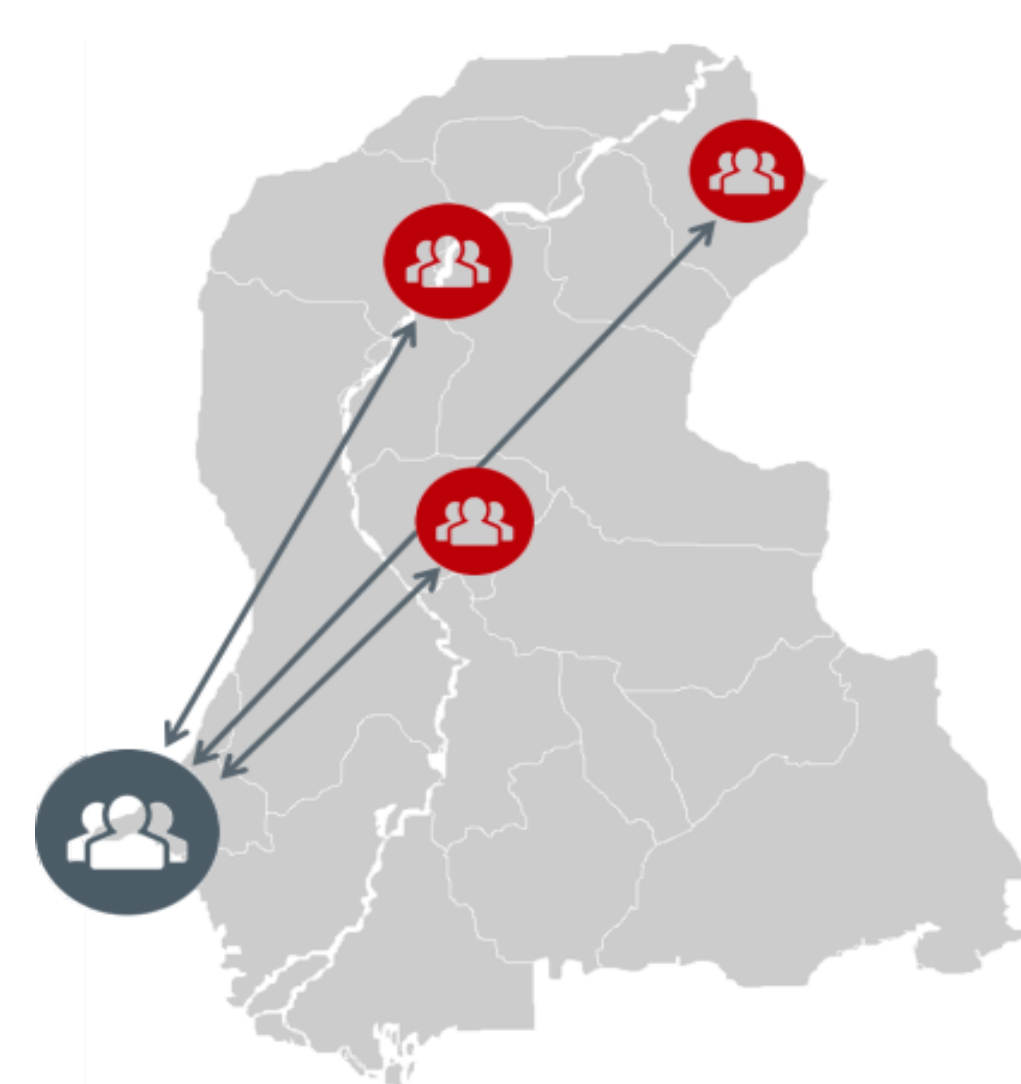
Quality Improvement or IMPACT Teams are designed to bring together data and decision makers to create change in the way the supply chain system functions, giving decision makers the insight and real-time data needed to prevent over or understocks of commodities and ensuring availability for clients.

An **electronic dashboard** and associated tools were used to capture information, which provided data for the QI Teams to review and act on.



QITs were established in 3 districts:

Ghotki, Shaheed Benazirabad and Larkana in June 2016



A **Provincial team** was established at Sindh Provincial level in July 2016



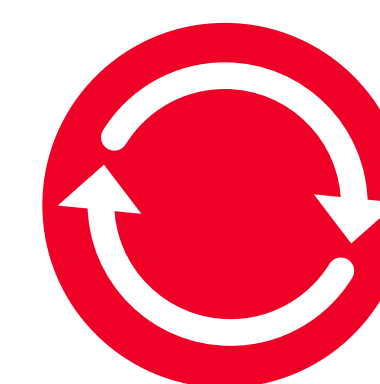
Just having data available is not enough:

The success of QI Teams centered on the **collaborative problem solving environment** created for the key actors in the supply chain.



People:

The QI network in Pakistan comprises QI teams at the Provincial and District level that have a shared goal of improving vaccine availability, and a collective responsibility to identify and implement solutions to supply chain problems.



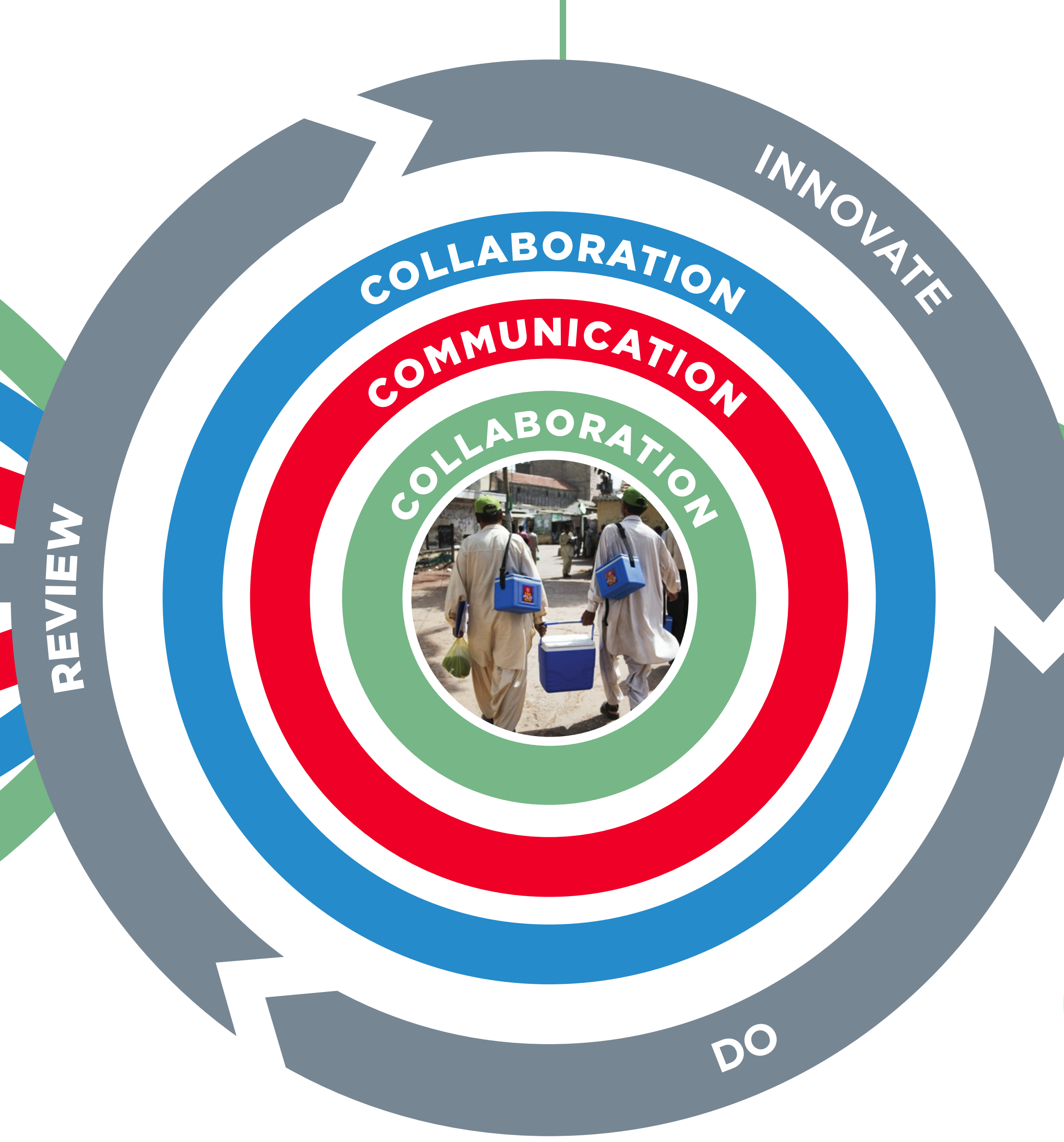
Processes:

The teams meet regularly and use a quality improvement approach to interpret data (review), prioritize problems and find solutions (innovate), and take actions (do) to improve performance.



Data and Technology:

The QI teams have identified key indicators needed to guide immediate and long-term decision making needed to improve the immunization supply chain.



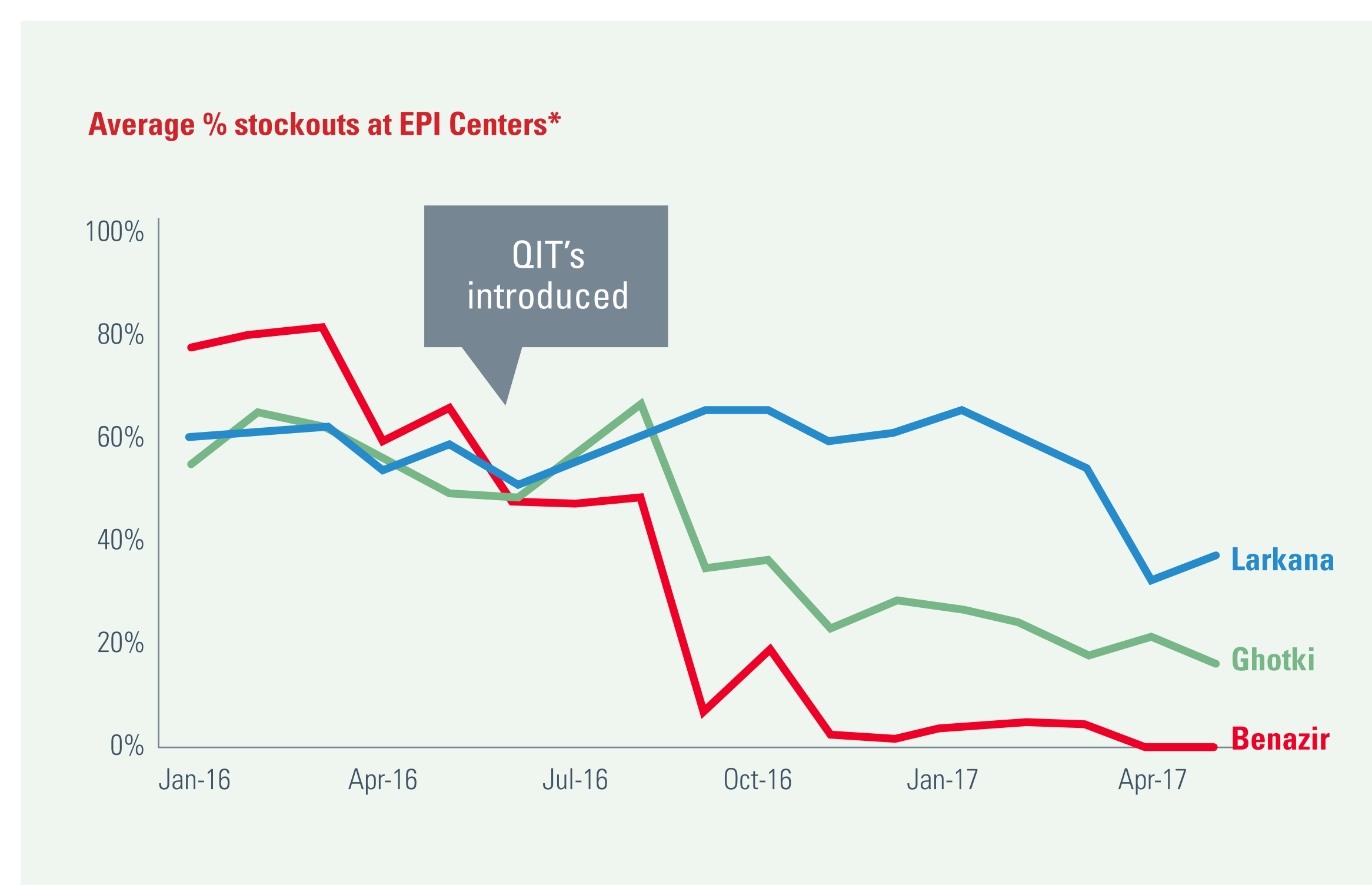
- Common Goal
- Performance Monitoring
- Problem Solving
- Information Managing Systems
- Action Planning
- Recognition
- Leadership



FULL STOCK AVAILABILITY

JAN TO JULY 2016 → APRIL TO JUNE 2017
34% → **87%**
OF UCS HAD ALL 7 VACCINES AVAILABLE

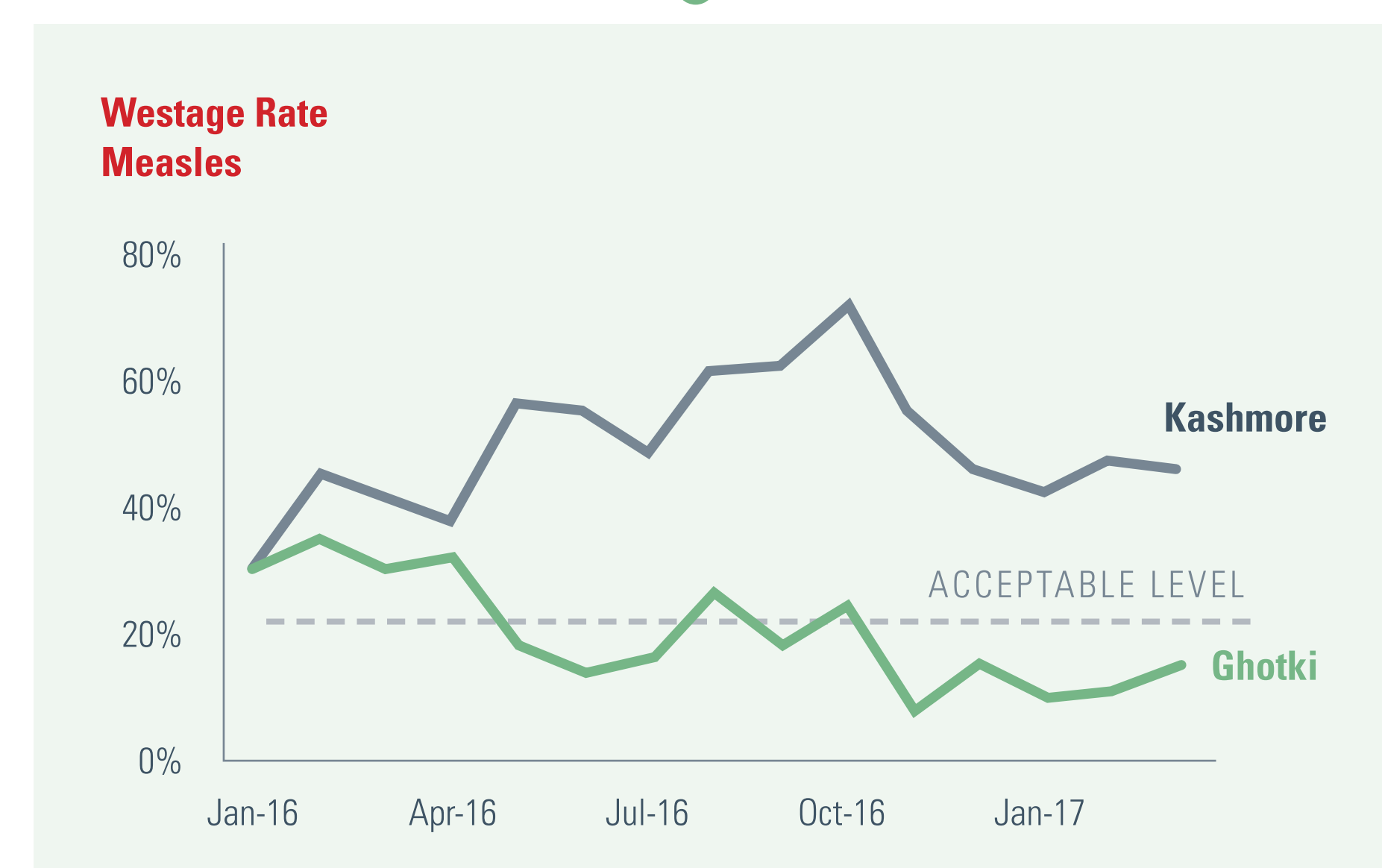
JAN TO JULY 20 → APRIL TO JUNE 2017
36% → **91%**
OF UCS HAD ALL 7 VACCINES AVAILABLE



*7 primary routine vaccines (BCG, IPV, bOPV, measles, Pentavalent, PCV, TT-20)
**January - March 2016 count only 6 primary vaccines, as a transition from OPV to bOPV was ongoing.

...All this was possible because of the encouragement I received by the QI team.... I can also now generate vaccine requests using vLMIS and can monitor stock availability and consumption by myself. This helps me plan, manage and issue vaccines to EPI centers in a transparent manner. By switching over to modern communication gadgetry I can do things efficiently, saving my time for other tasks at hand. I have no worries about stock record keeping now as these are being updated instantly through vLMIS, for which I am thankful to the QIT staff and to JSI.

— BENAZIRABAD DISTRICT EPI STORE IN CHARGE



SUMMARY OF DISTRICT TEAMS:

- In Ghotki**, the QITs met five times since they were introduced in June 2016. They focused on reducing BCG and measles vaccine wastage, improving data quality, and correcting stock imbalances through better monitoring and supervision.
- In Larkana**, the QITs met five times since they were introduced in June 2016. Performance improvement was slower in Larkana; QIT meeting minutes often showed little progress between meetings. A change in leadership in the last months resulted in improvement in data quality, reductions in stockouts, and measles wastage rates.
- In Shaheed Benazirabad**, the QITs met five times since June 2016. By the third QIT meeting, 96% of stockout issues were resolved in all EPI centers in the district. Challenges with achieving 100% coverage were mainly been related to insufficient numbers of vaccinators, an issue the QI teams escalated to the Provincial QI team.