SC4CCM

Supply Chains 4 Community Case Management

CCM Supply Chain Baseline Assessment Ethiopia 2010

JSI

JSI Research & Training Institute, Inc.

SC4CCM Project Goal

SC4CCM will identify, demonstrate, and institutionalize supply chain management practices that improve the availability and use of selected essential health products in community-based programs.

- In partnership with MOH, PFSA, RHBs, ZHDs, CCM and supply chain stakeholders

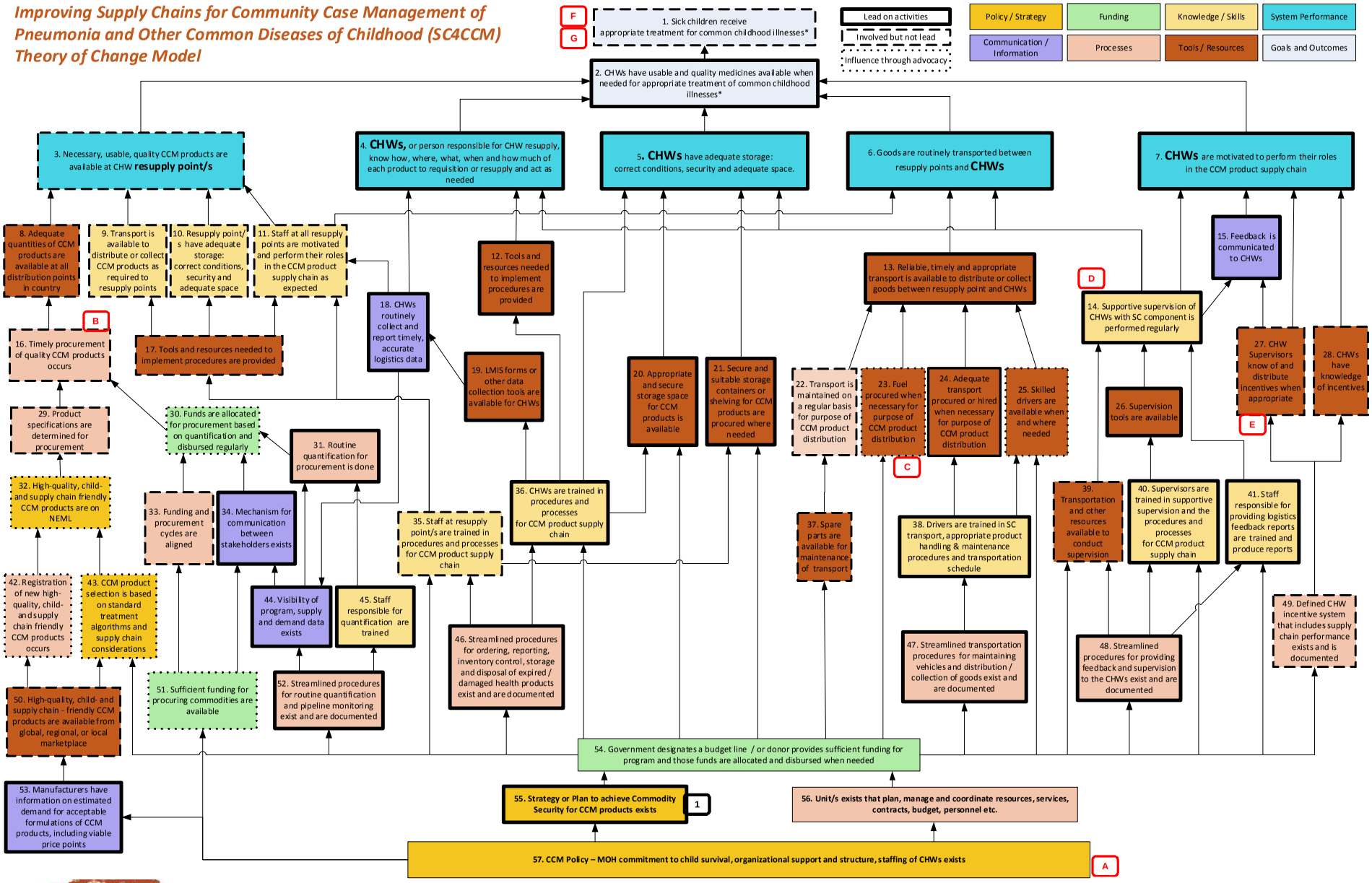
Project Objectives

- **Conduct a baseline assessment and develop implementation plan**
- Test, identify and implement supply chain interventions
- Collaborate with partners to institutionalize improved supply chain practices
- Ensure capacity to procure quality, affordable CCM products
- Share lessons learned

Principles – SC4CCM Theory of Change

If effective and efficient supply chain systems can be created to ensure that community health workers have consistent access to sufficient quantities of high quality, affordable essential medicines, they will be able to dramatically improve care and treatment for children.

Improving Supply Chains for Community Case Management of Pneumonia and Other Common Diseases of Childhood (SC4CCM) Theory of Change Model



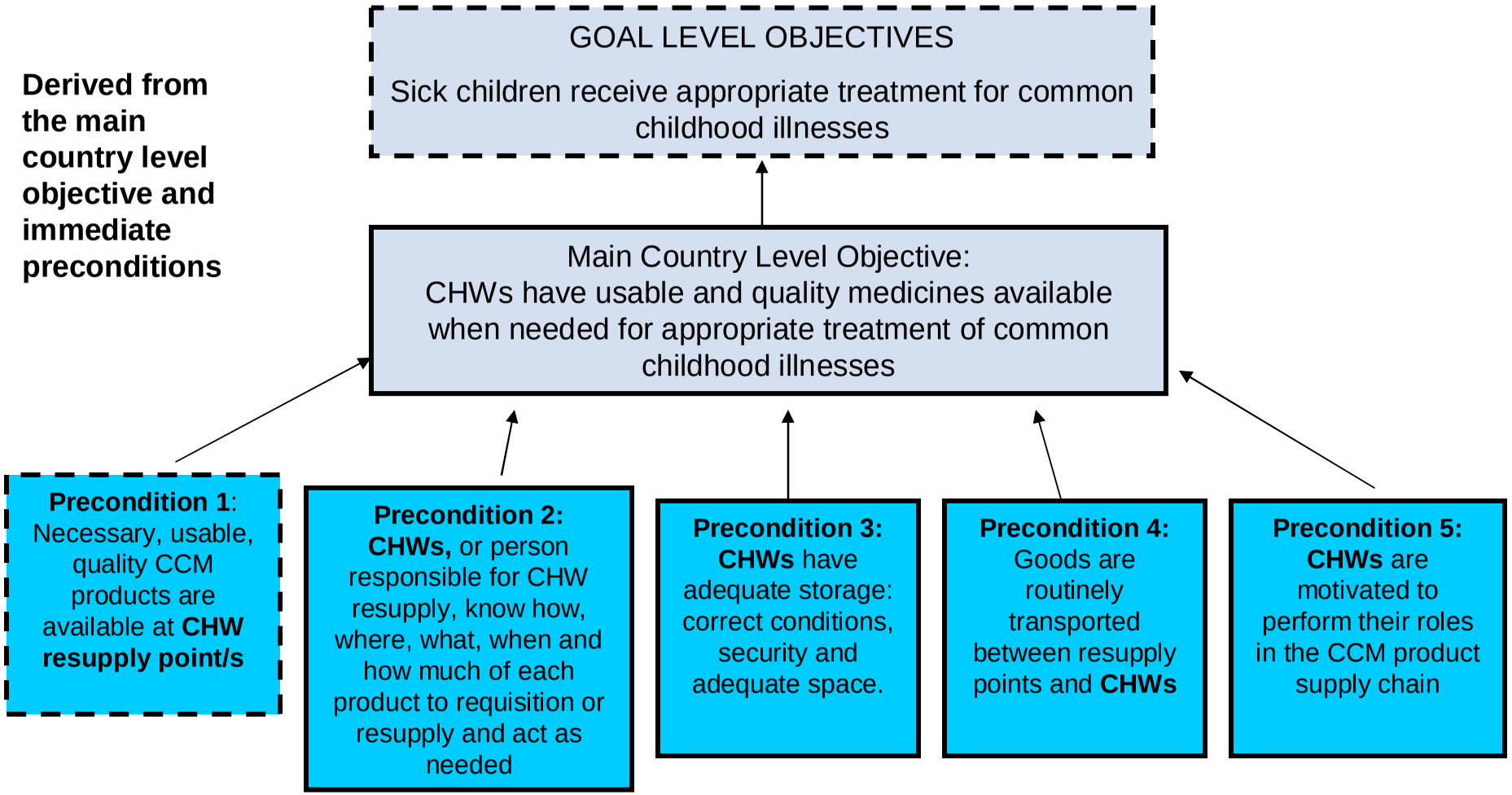
SC4CCM

Supply Chains 4 Community Case Management

SC4CCM Core Indicators

JSI Research & Training Institute, Inc.

Derived from the main country level objective and immediate preconditions



Methodology

Both qualitative and quantitative methods were applied:

- Logistics System Assessment Tool (LSAT)
- Key informant interviews
- Logistics Indicators Assessment Tool (LIAT)
  - Mobile phones
  - Build local capacity partnering with local evaluation group, JaRco.

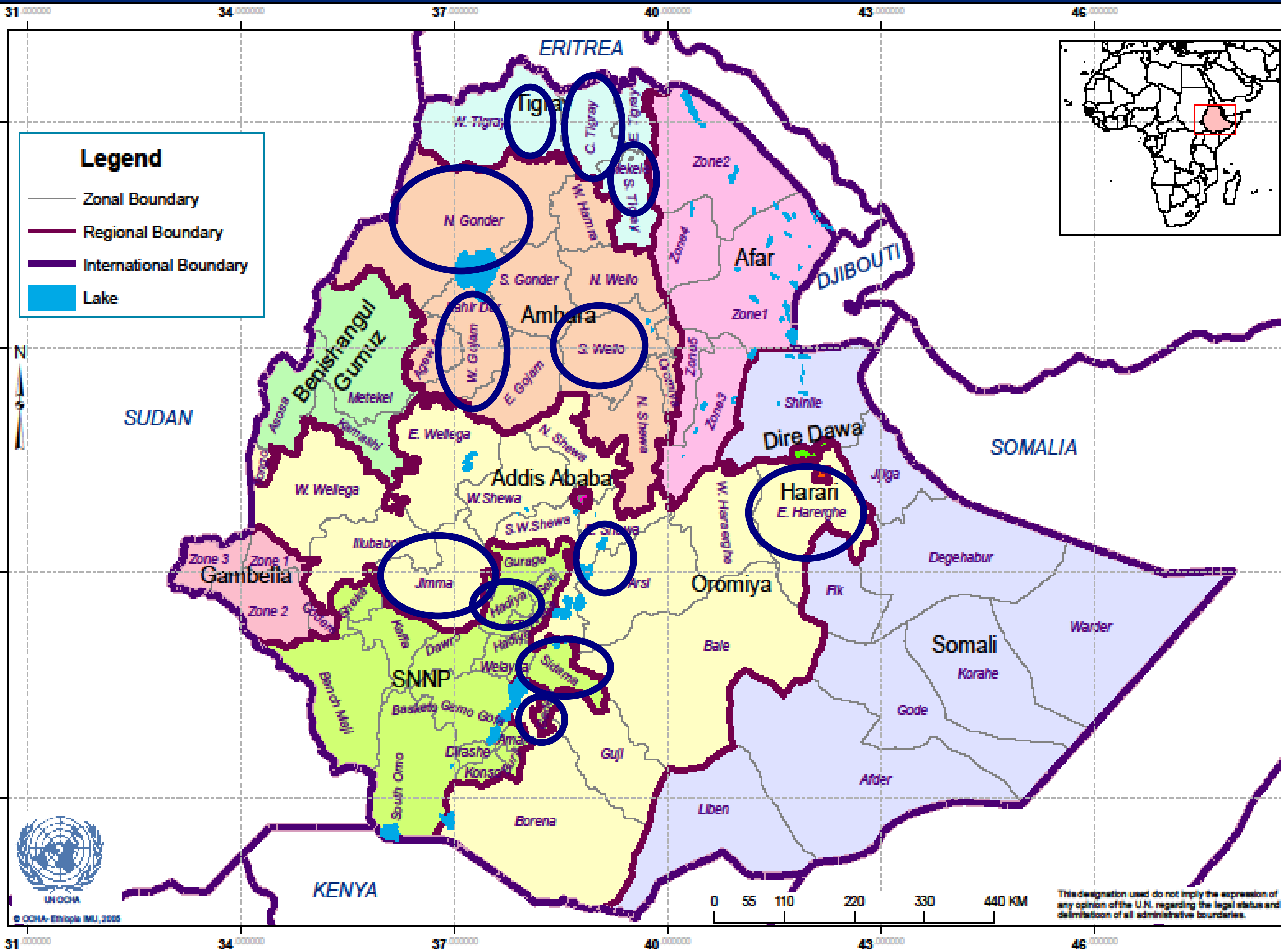
LSAT

- Two day group assessment
- Participants:
  - 36 FMOH and RHB participants from 4 regions - Amhara, Oromia, SNNPR, Tigray
  - 9 participants from partner organizations - Ethiopian Pharmaceutical Association, USAID|DELIVER, MSH/SPS, Save-USA, Ethiopian Public Health Association, UNICEF, SCMS, JaRco

LIAT Sampling

Levels of Administration / Facility	Amhara	Oromia	SNNP	Tigray	Total
Regional Health Bureau (RHB) / Warehouse	1	3	1	1	**6**
Zonal Health Dept (ZHD)	3	3	3	0	**9**
Woreda Health Office (WHO)	10	7	6	3	**26**
Health Center (HC)	29	18	18	9	**74**
Health Post (HP)	82	80	56	27	**245**
Total	**125**	**111**	**84**	**40**	**360**

Administrative Regions of Ethiopia



Limitations

- Lack of national/regional database with facilities names
- Data collected during rainy season – some sampled health posts, health centers inaccessible
- Some upgraded health centers not yet functional
- Predictable challenges associated with multi-lingual survey
  - Three languages (Amharic, Oromiffa, Tigrinya)

JSI Research & Training Institute, Inc.

Baseline Results by Core Indicators

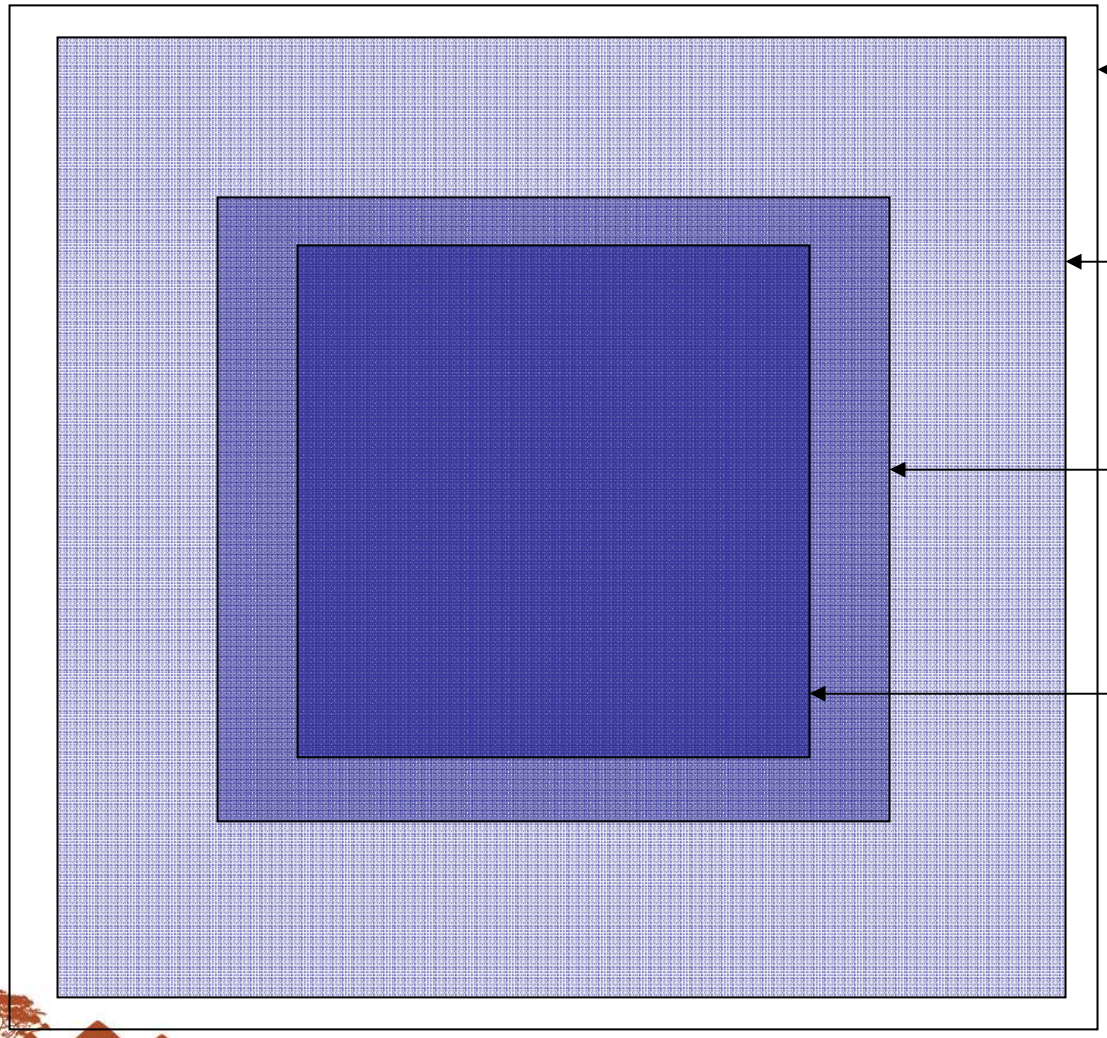
Tracer Products

JSI Research & Training Institute, Inc.

1. cotrimoxazole 120mg tablets
2. cotrimoxazole 240mg/5ml suspension (bottles)
3. amoxicillin 250mg capsules
4. amoxicillin 125mg/5ml suspension (bottles)
5. Coartem (lumefantrine / artmether) 1 x 6 tablets
6. Coartem (lumefantrine / artmether) 2 x 6 tablets
7. chloroquine 50mg/5ml syrup (bottles)
8. malaria RDTs
9. zinc 20 mg tablets
10. ORS sachets or Oral Rehydration Salts
11. Plumpynut (RUTF) sachets
12. male condoms
13. Depo Provera or Petogen (DMPA) vials
14. Combined oral contraceptives (COC or pills)

Describing the HEW Sample

JSI Research & Training Institute, Inc.



241 HEWs manage at least one product

230 HEWs manage both COCs *and* DMPA

121 HEWs manage ORS, RUTF, COCs *and* DMPA

71 HEWs manage ORS, RUTF *and* any ACT, COCs *and* DMPA

JSI Research & Training Institute, Inc.

Main Country Level Objective:
HEWs have usable and quality medicines available when needed for appropriate treatment of common childhood illnesses

JSI Research & Training Institute, Inc.

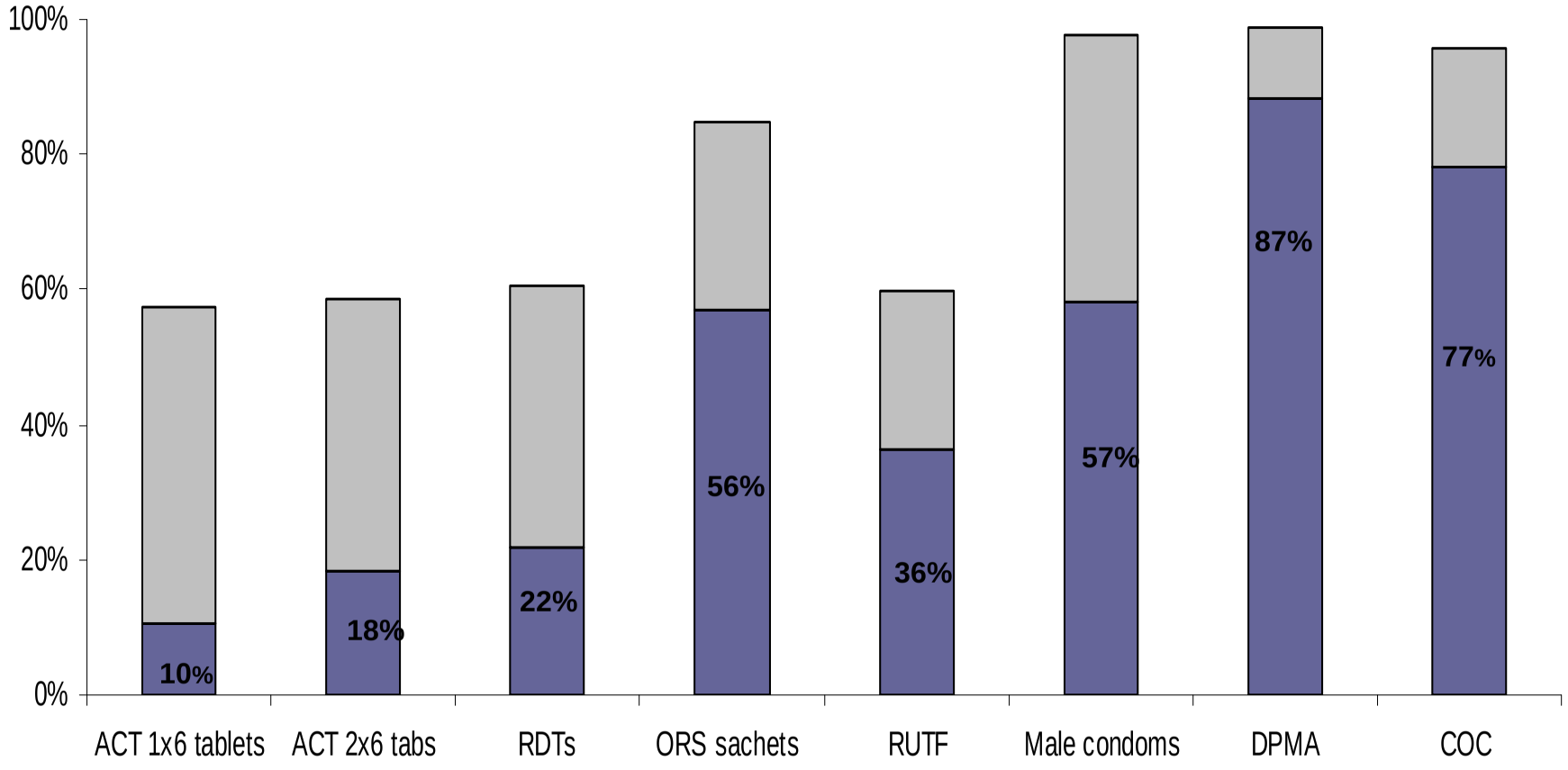
14 of 71 **(20%)** HPs with ORS, RUTF, COCs, DMPA and any ACT have them **all in stock**

49 of 121 **(41%)** HPs who manage ORS, RUTF, COCs *and* DMPA have **all in stock**

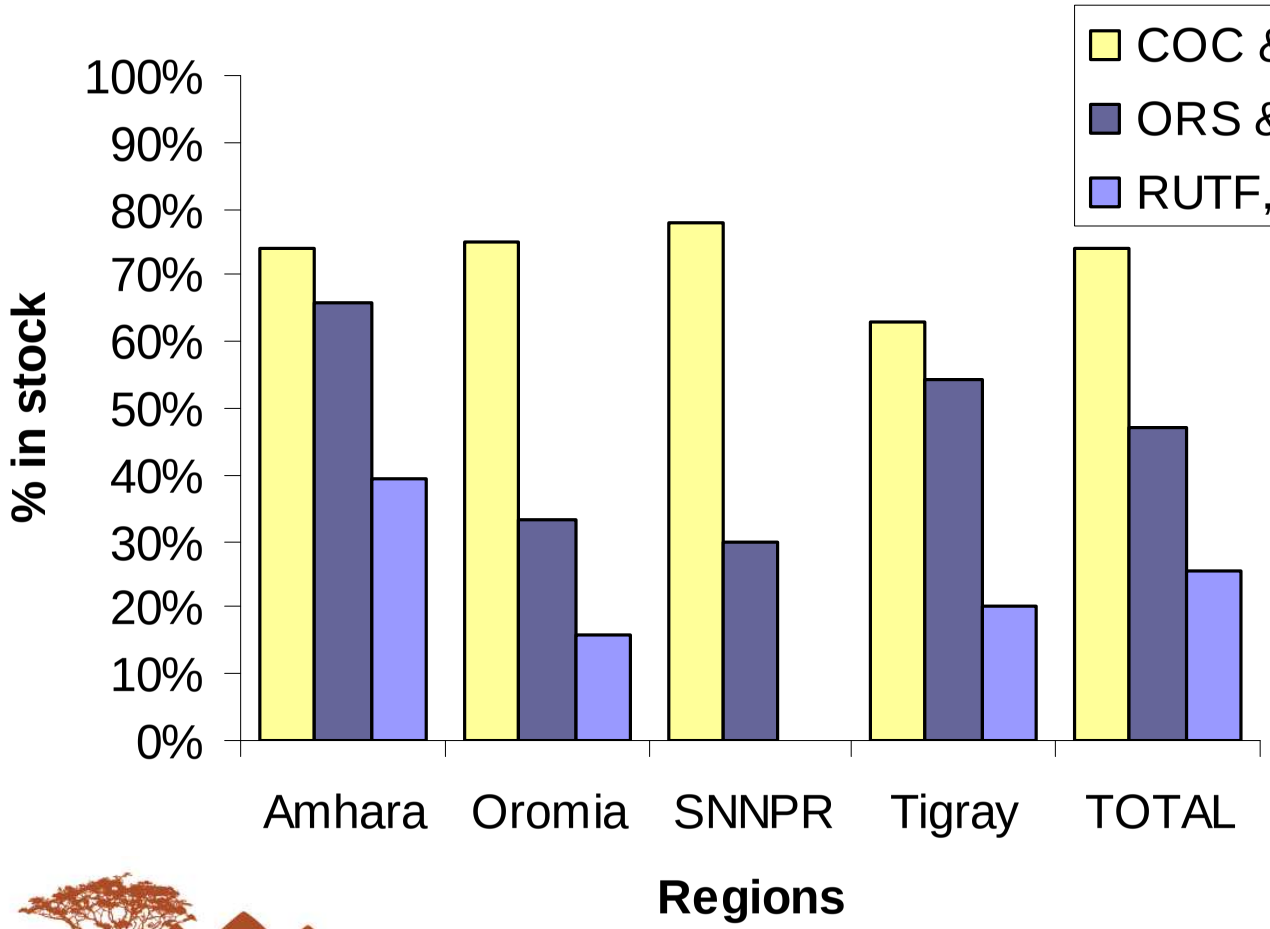
171 of 230 **(74%)** HPs manage both COCs *and* DMPA and have **all in stock**

In Stock on DOV at HP by Product

JSI Research & Training Institute, Inc.



Regional Variations of In Stock Rates at HP Level



FP better established and better supplied

ACT is a limiting factor for availability of all 3 products at HEW level

JSI Research & Training Institute, Inc.

Reported Reason for Stockout

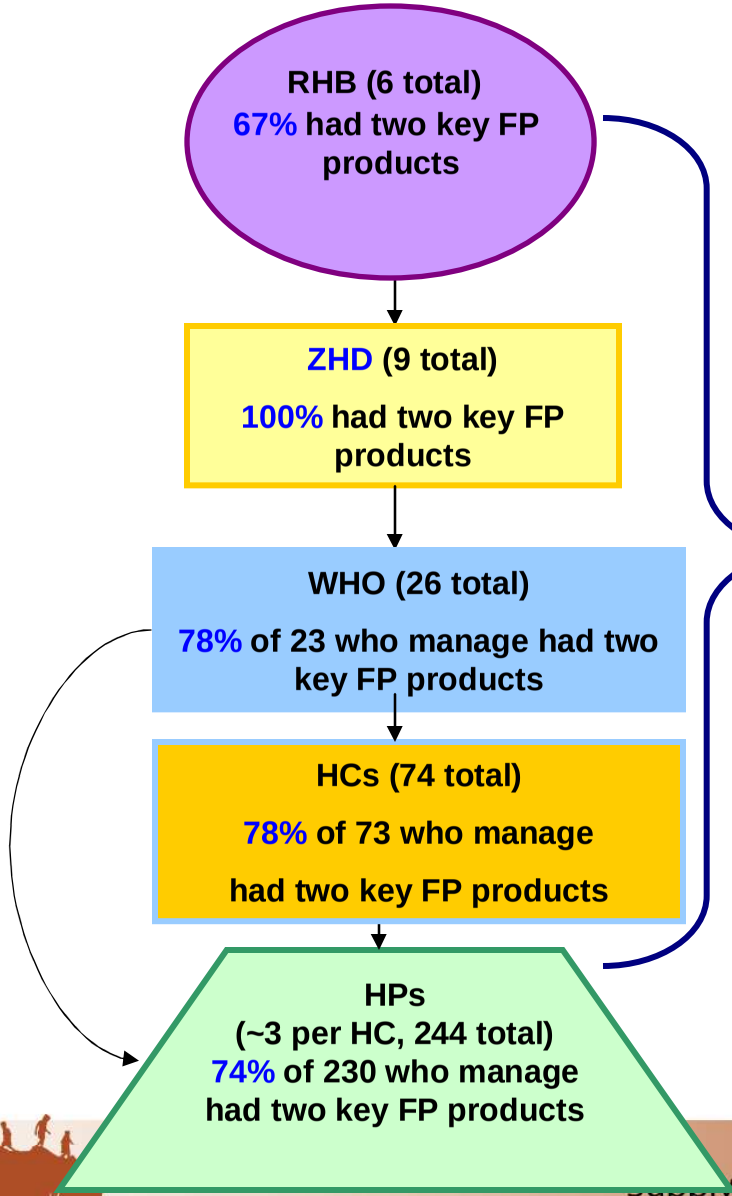
- **85%** of HEWs reported **shortages at the resupply point** as the reason for their stockouts
- **26%** of HEWs reported **increase in demand**

PRECONDITION 1:
Necessary, usable, quality CCM products are available at HEW resupply point/s

Product availability at the resupply point appears to be strongly linked to product availability at the Health Post Level for:

- DMPA
- COC (pills)
- RUTF
- ORS
- ACTs

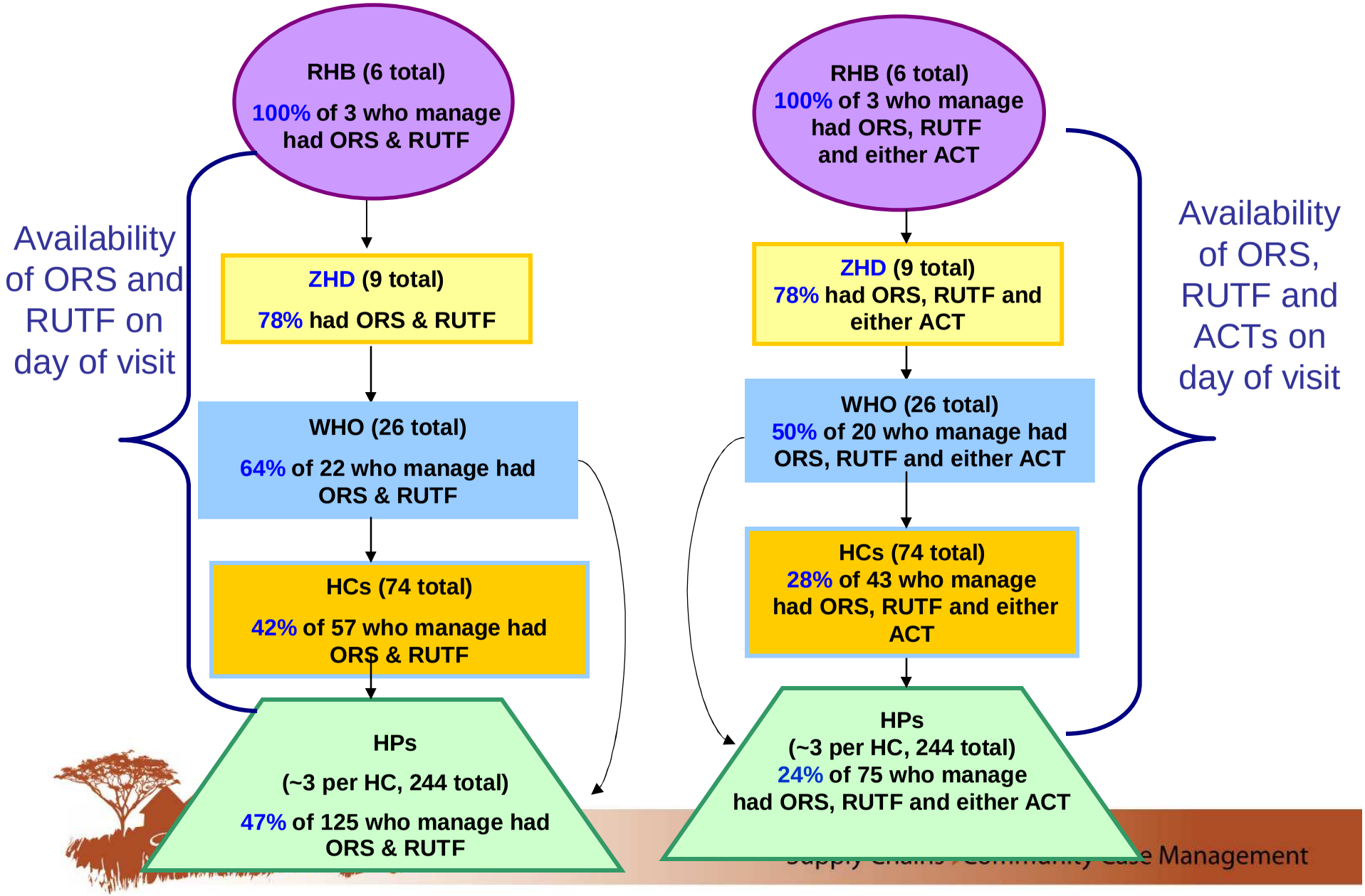
Product Availability at All Levels



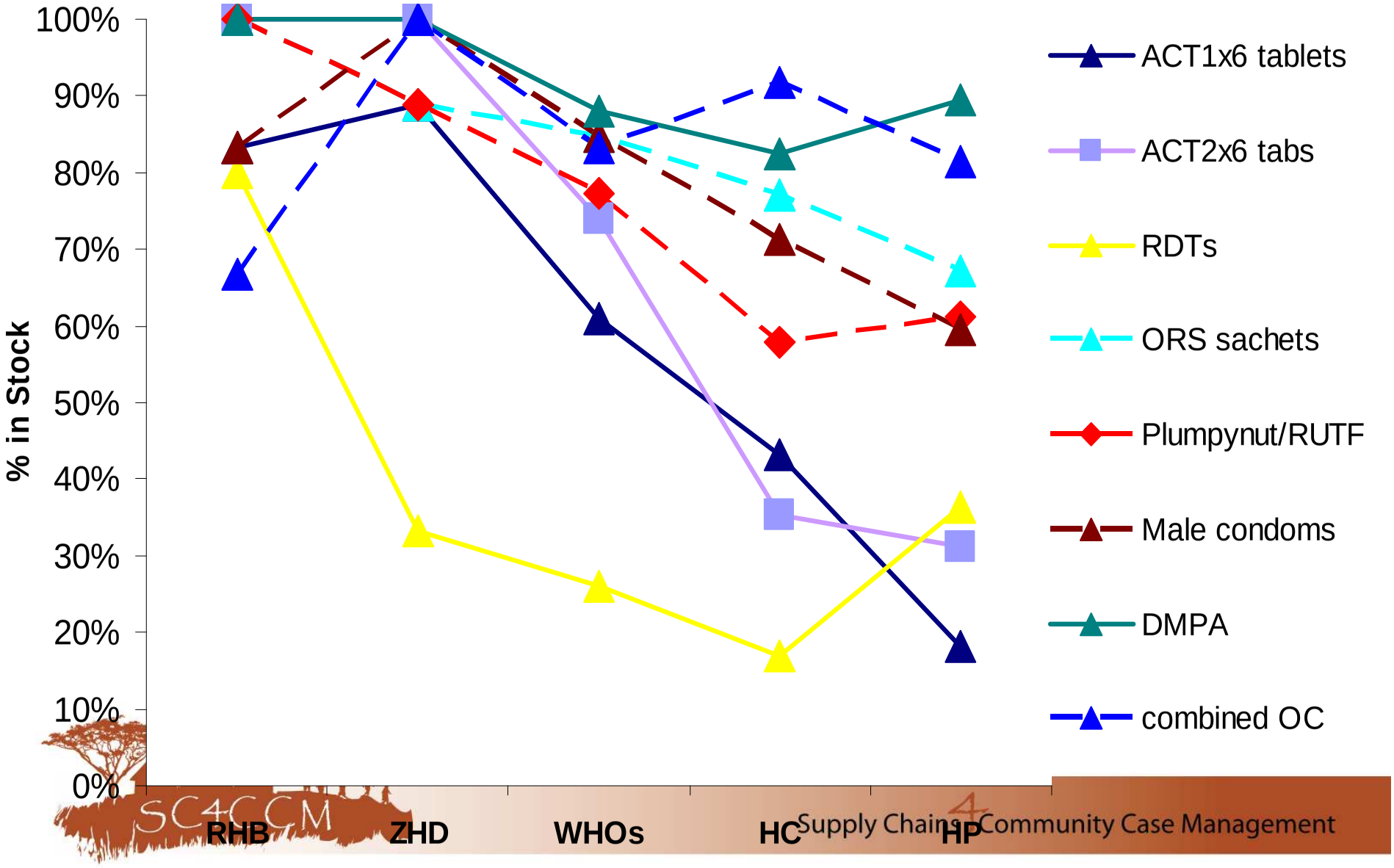
Availability of DMPA and COCs on Day of Visit

Product Availability at All Levels

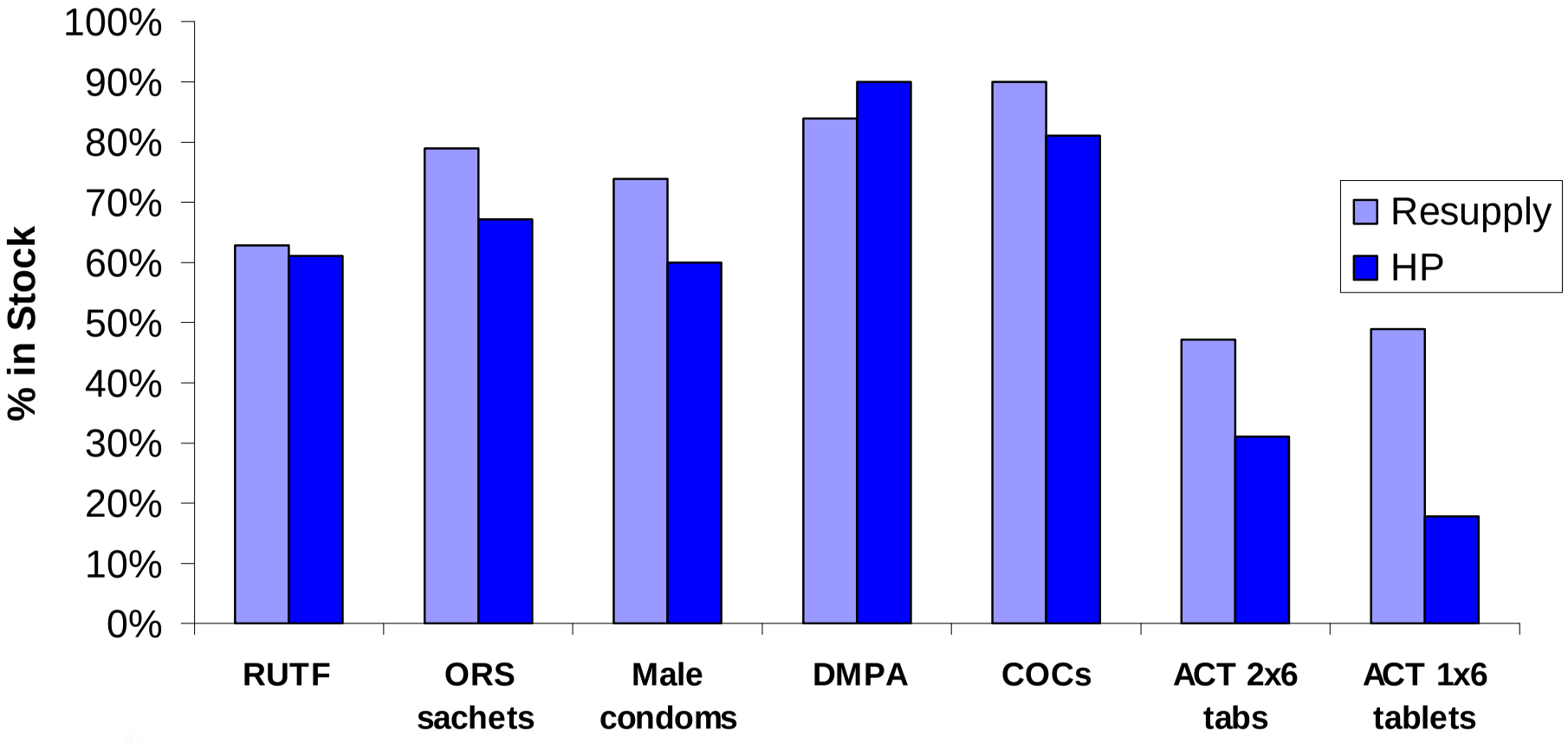
JSI Research & Training Institute, Inc.



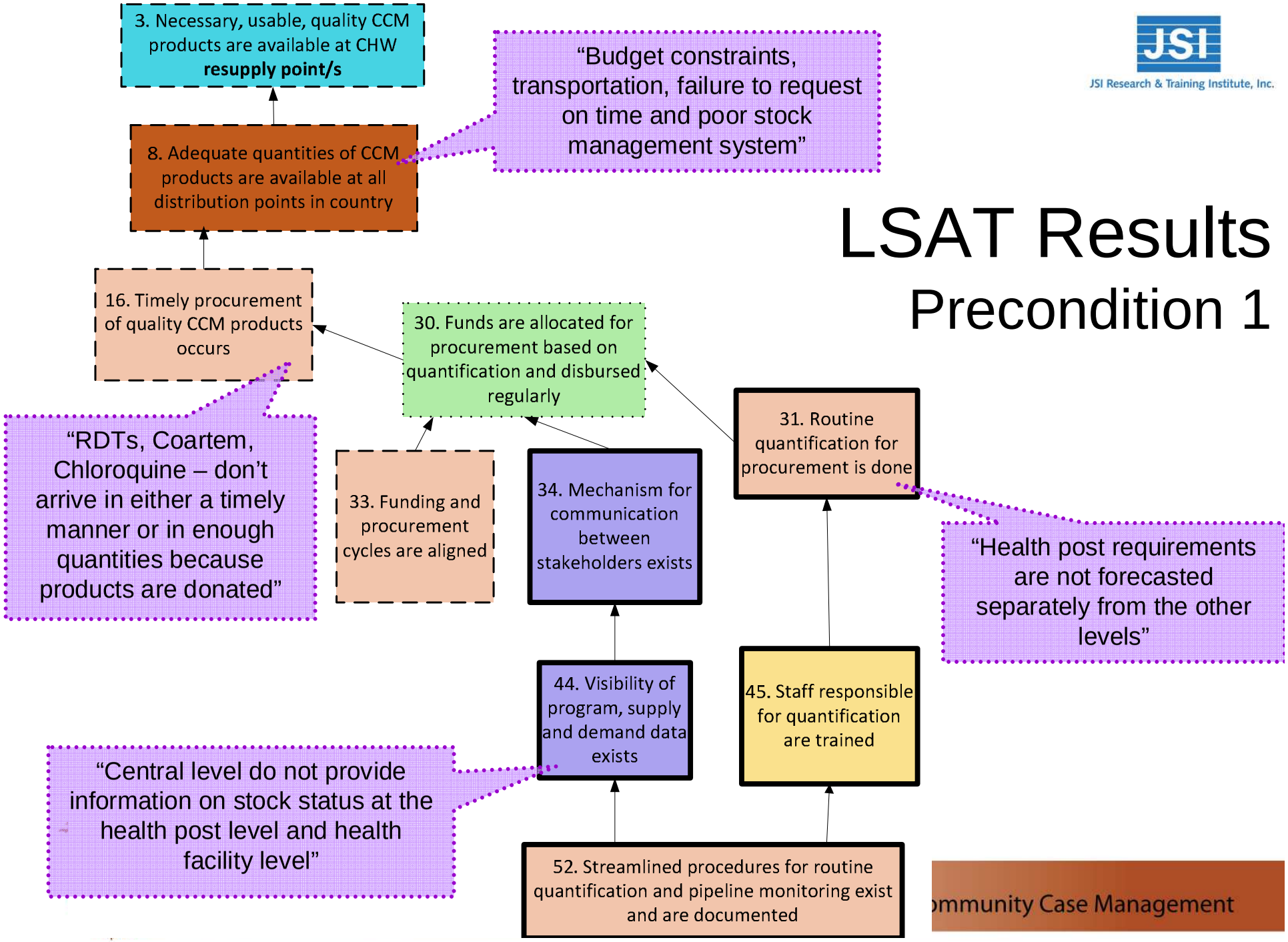
Product Availability at All Levels



% of Resupply Points and HPs in Stock on DOV



LSAT Results
Precondition 1

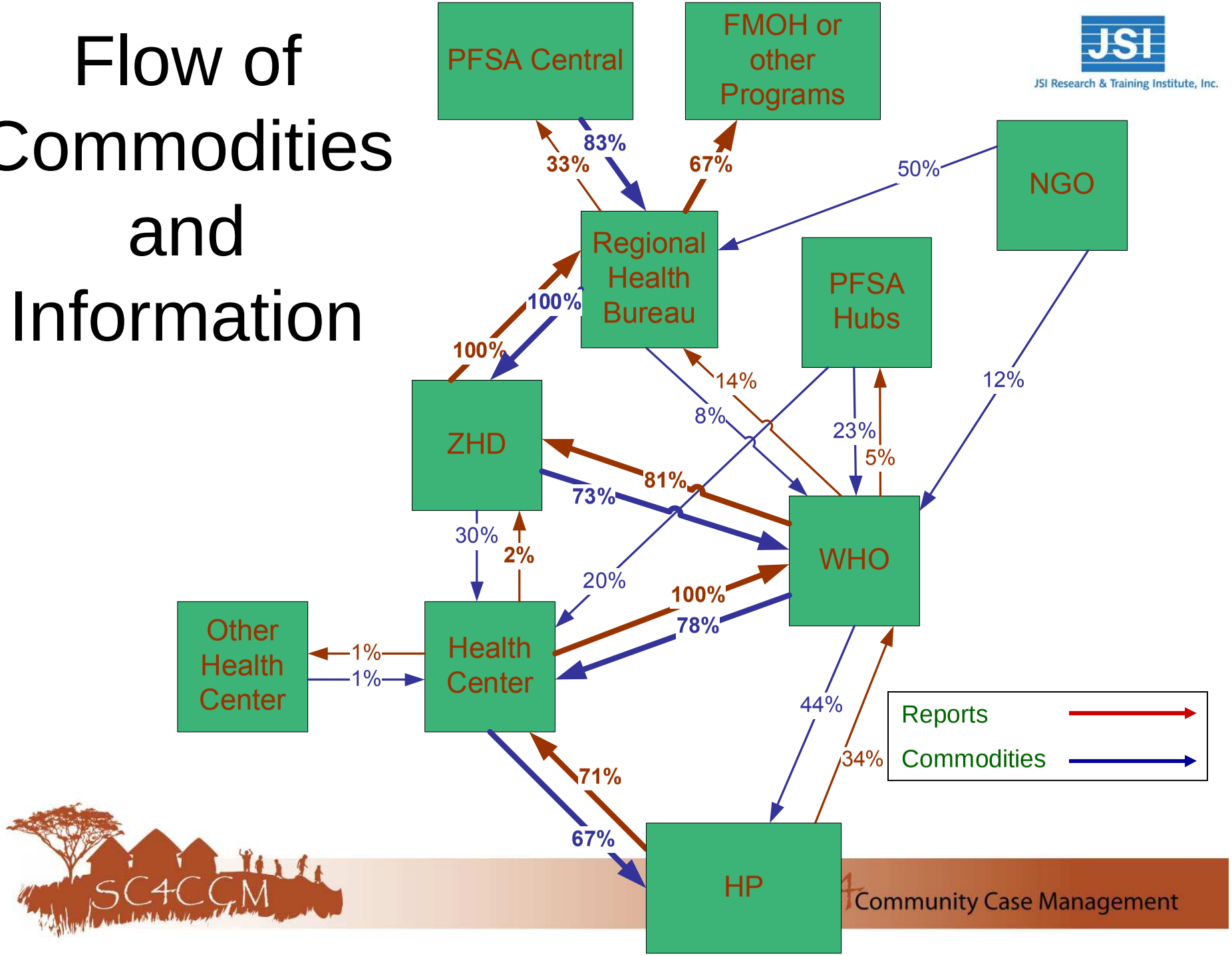


PRECONDITION 2:

HEWs, or person responsible for HEW resupply, know how, where, what, when and how much of each product to requisition or resupply and act as needed

- Several distribution and information systems operate concurrently
- Supply chain capacity and skills are generally low, very little formal training reported
- Necessary tools to manage the logistics system are insufficient

Flow of Commodities and Information



JSI Research & Training Institute, Inc.

SC4CCM

Community Case Management

SCM Formal Training

% who reported receiving formal training on how to manage health products

- 50% of RHB respondents
- 33% of ZHD respondents
- 31% of WHO respondents
- 8% of HC respondents
- 11% of HEW respondents

How the 99 HEWs who report using forms learned to complete them:

43% reported on the job training

46% reported they figured it out themselves

6% learned at a workshop

Standard Operating Procedures

Supply Chain Standard Guidelines or Procedures were observed at:

- 67% of RHBs
- 33% of ZHDs
- 15% of WHOs
- 11% of HCs
- 8% of HPs

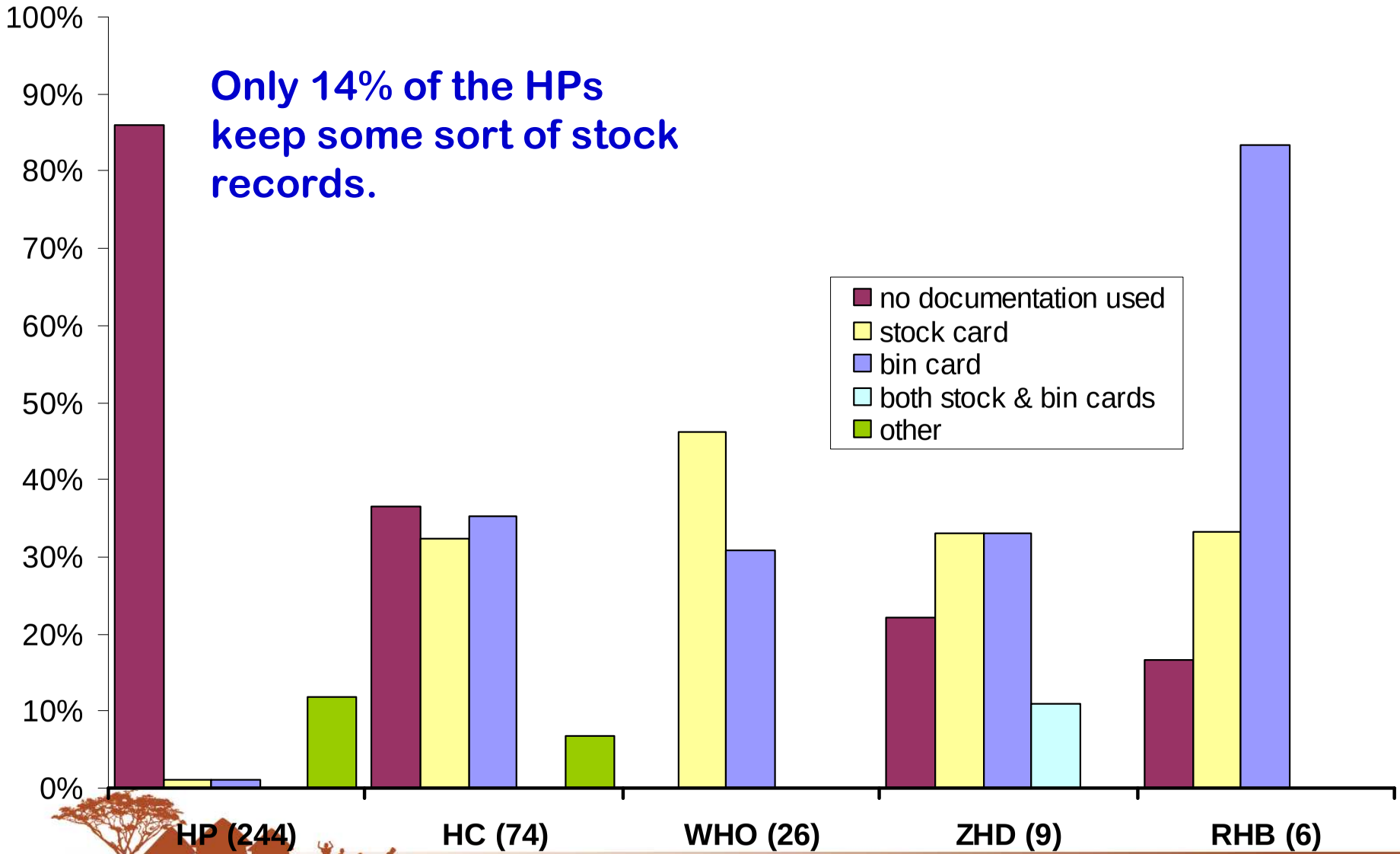
Key Message:

Very few facilities in the system have SOPs to reference

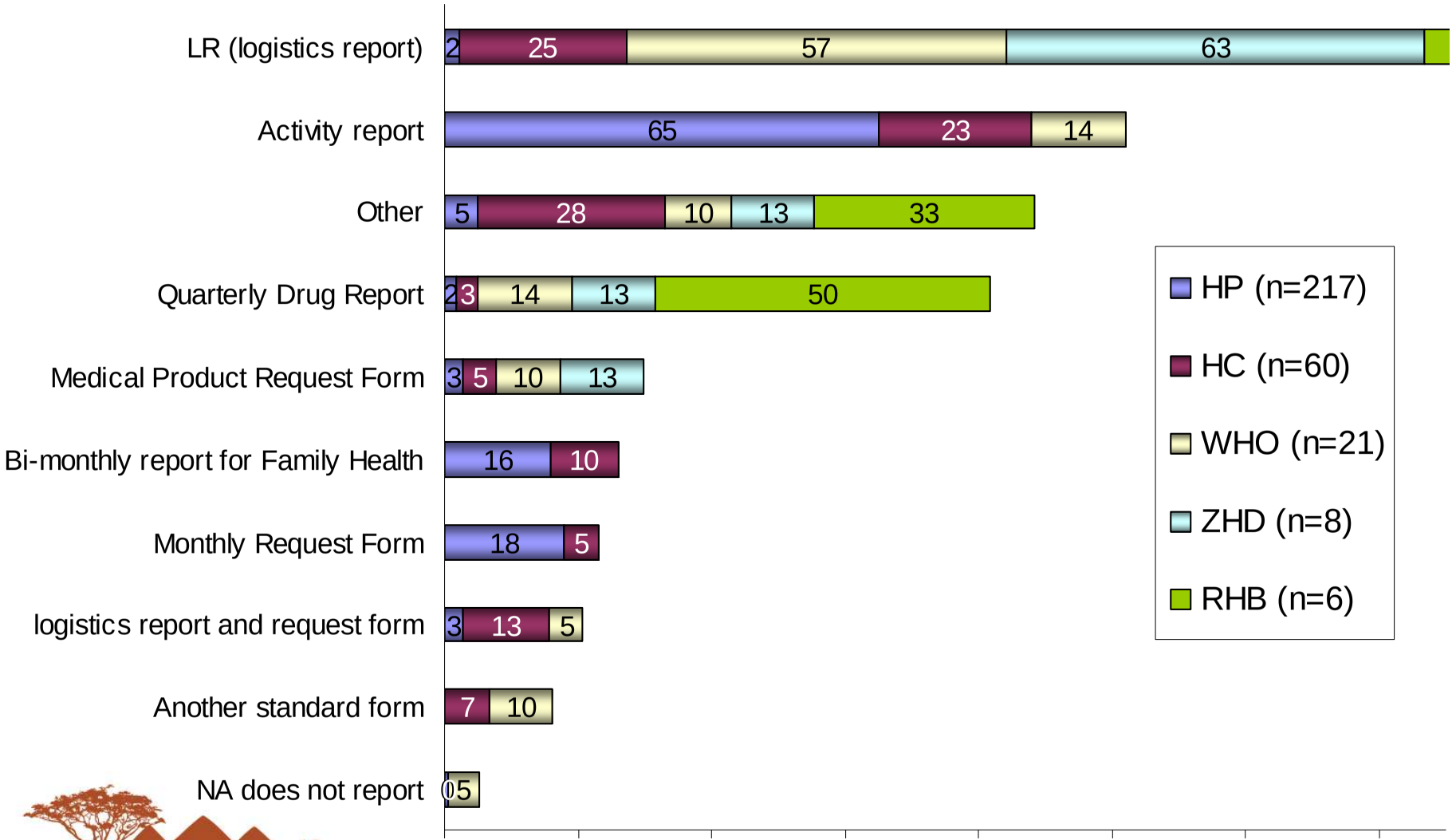
Stock Keeping Documentation

JSI Research & Training Institute, Inc.

Only 14% of the HPs keep some sort of stock records.



Types of Reports Submitted



Resupply Procedures for HEWs

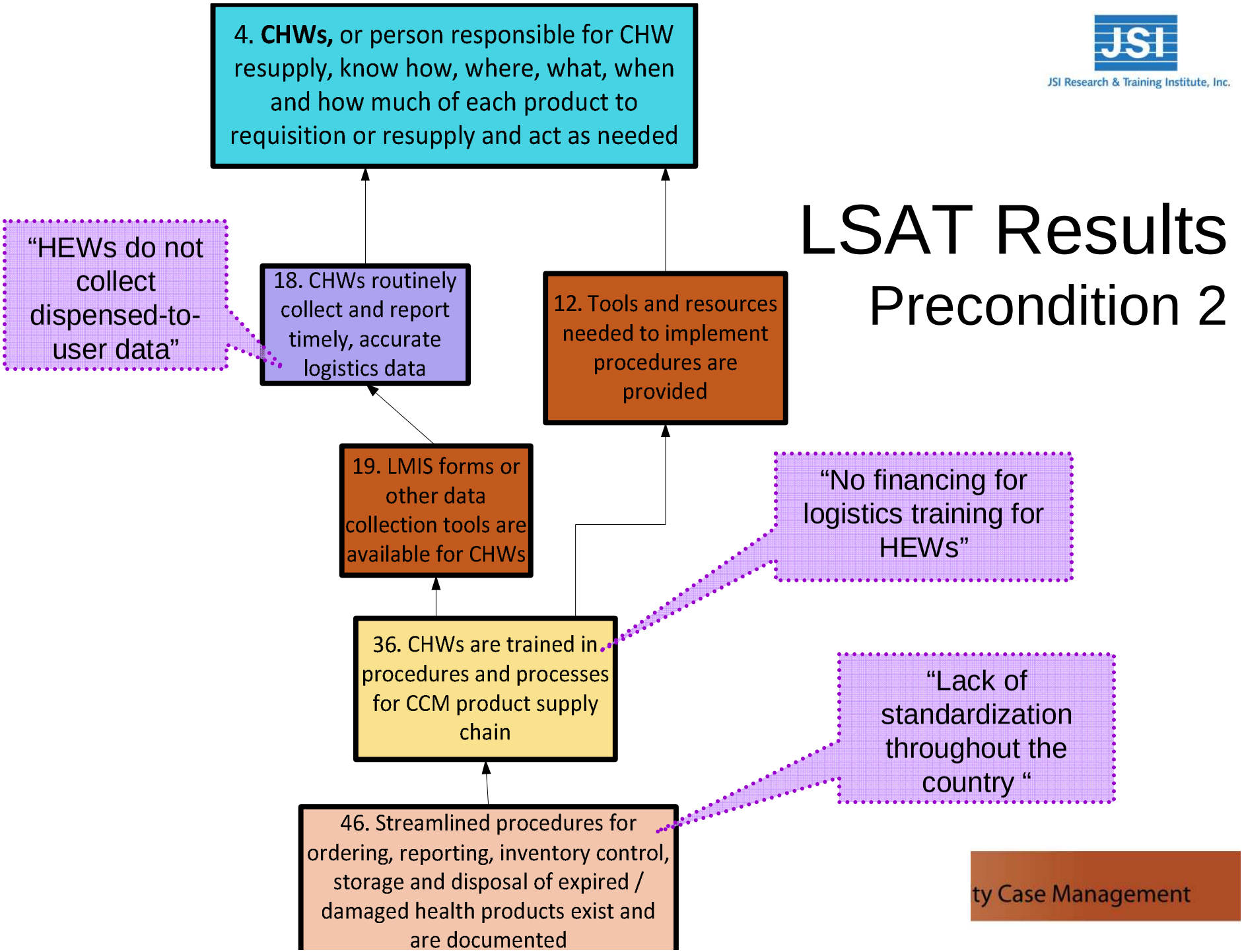
32% of HEWs report being resupplied every month,

while 51% seek resupplies only when they need them

41% of HEWs report using a request form,

but 80% of those use Model 20

LSAT Results
Precondition 2



PRECONDITION 3:

HEWs have adequate storage: correct conditions, security and adequate space.

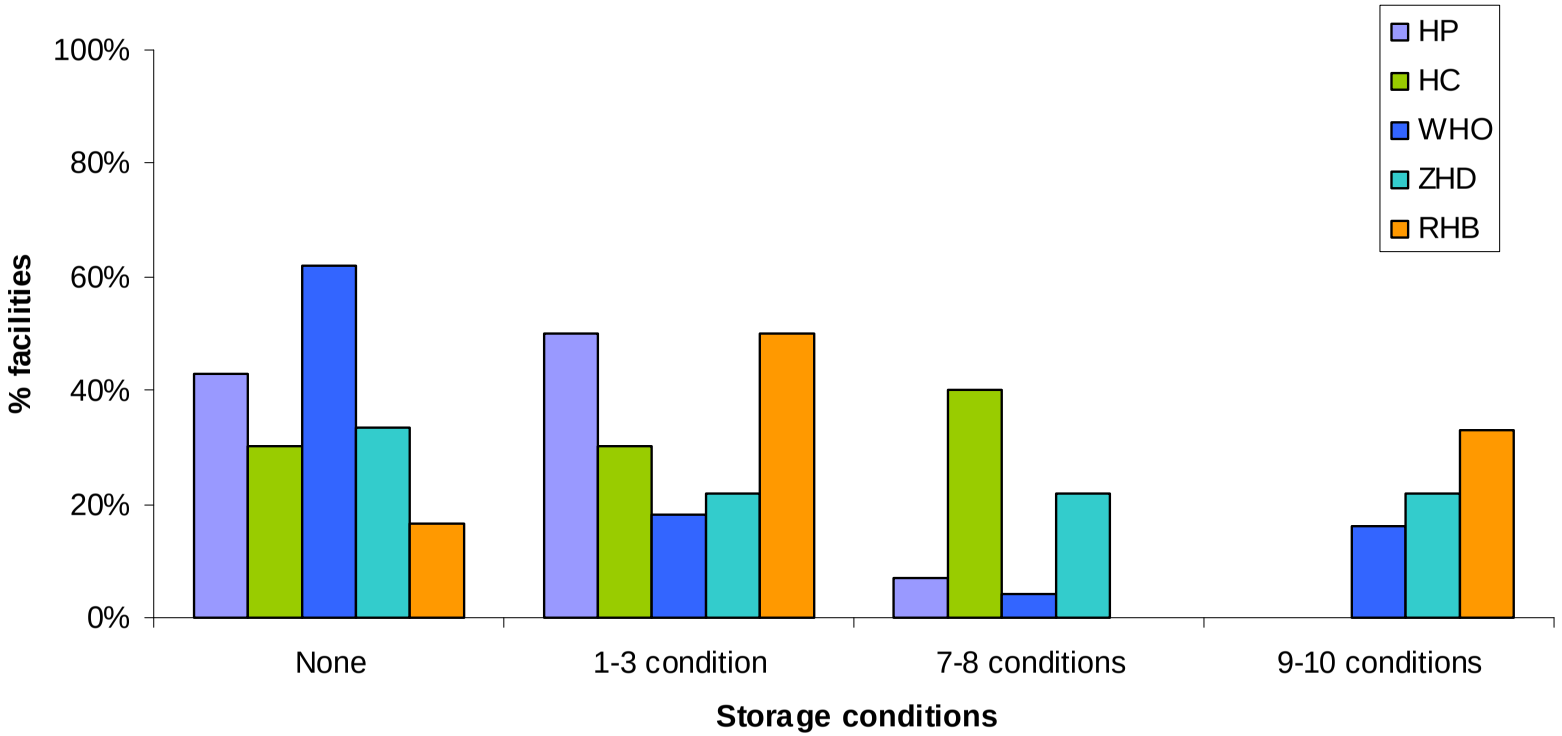
Standards for appropriate storage conditions are not fulfilled at all levels but are worse at HP and woreda level.

Satisfactory Storage Conditions

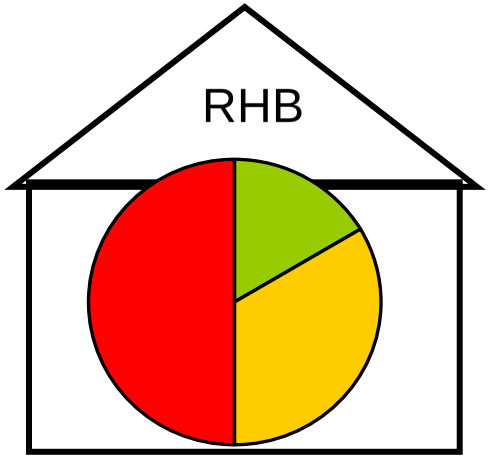
Health products are stored:

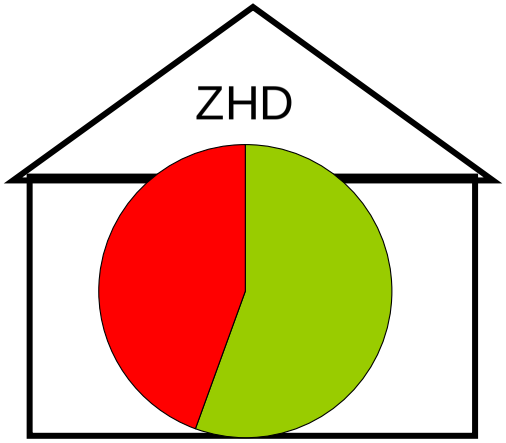
- separately to damaged and/or expired health products
- in an area free of rodents or insects
- securely with a lock and key, and with limited access
- in an area that is protected from direct sunlight
- at the appropriate temperature
- on shelves or stacked off the floor in stacks and away from walls
- in a clean, dry, well-lit and well-ventilated storeroom
- in an area that is accessible during all normal working hours.
- so that first-to-expire, first-out (FEFO) is observed
- separately to insecticides and chemicals

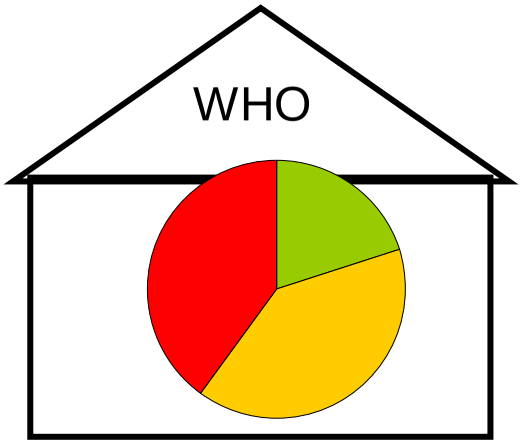
Adequate Storage Conditions

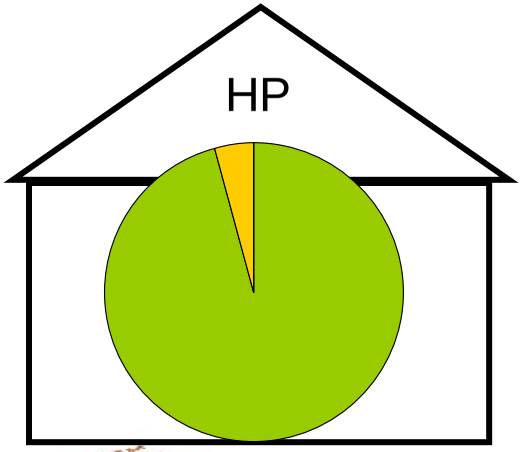


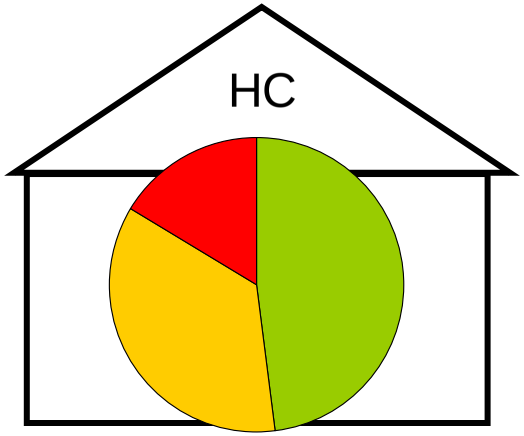
Fullness of Storage









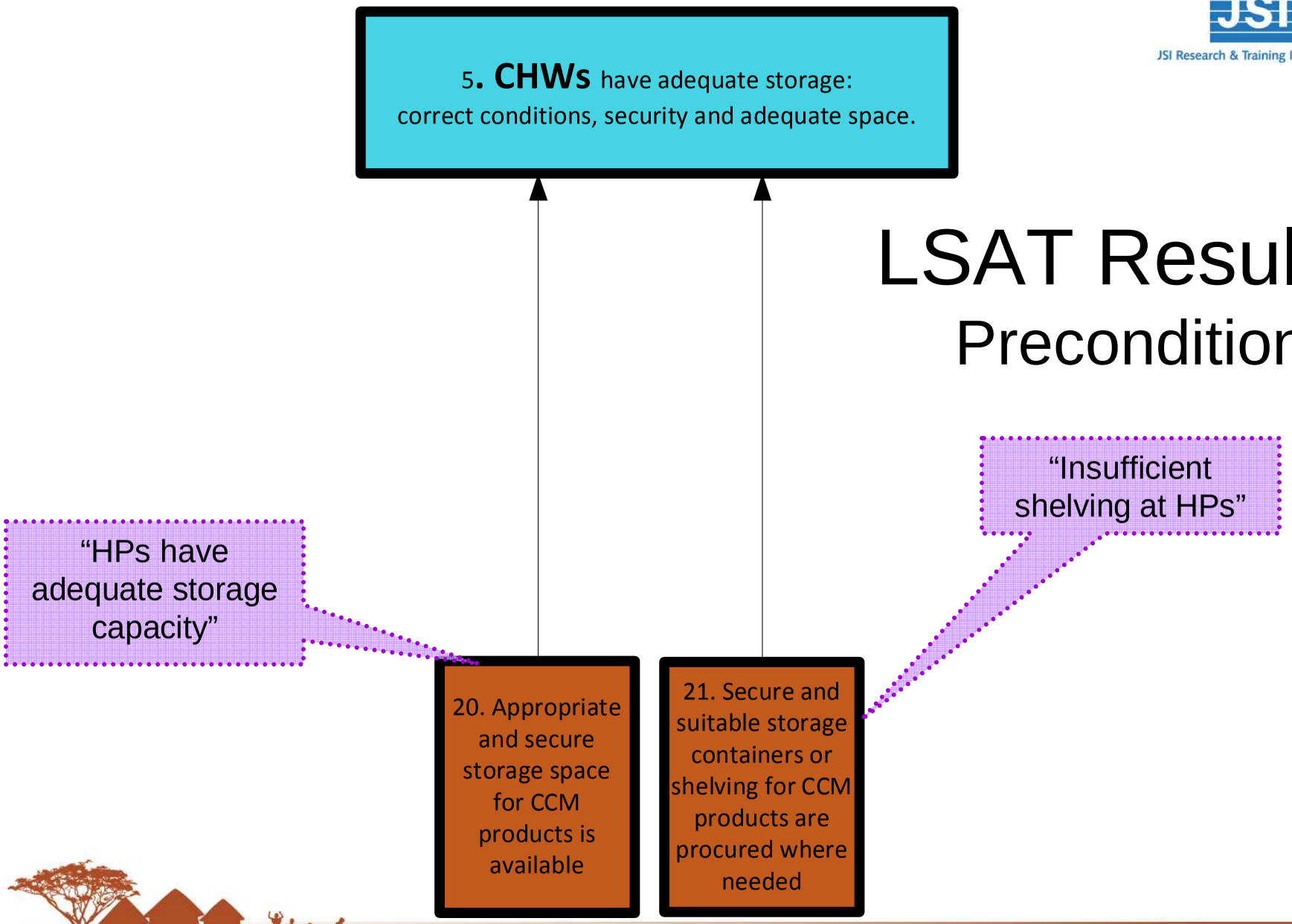


75 – 100%

50 – 75%

0 – 50%

LSAT Results
Precondition 3

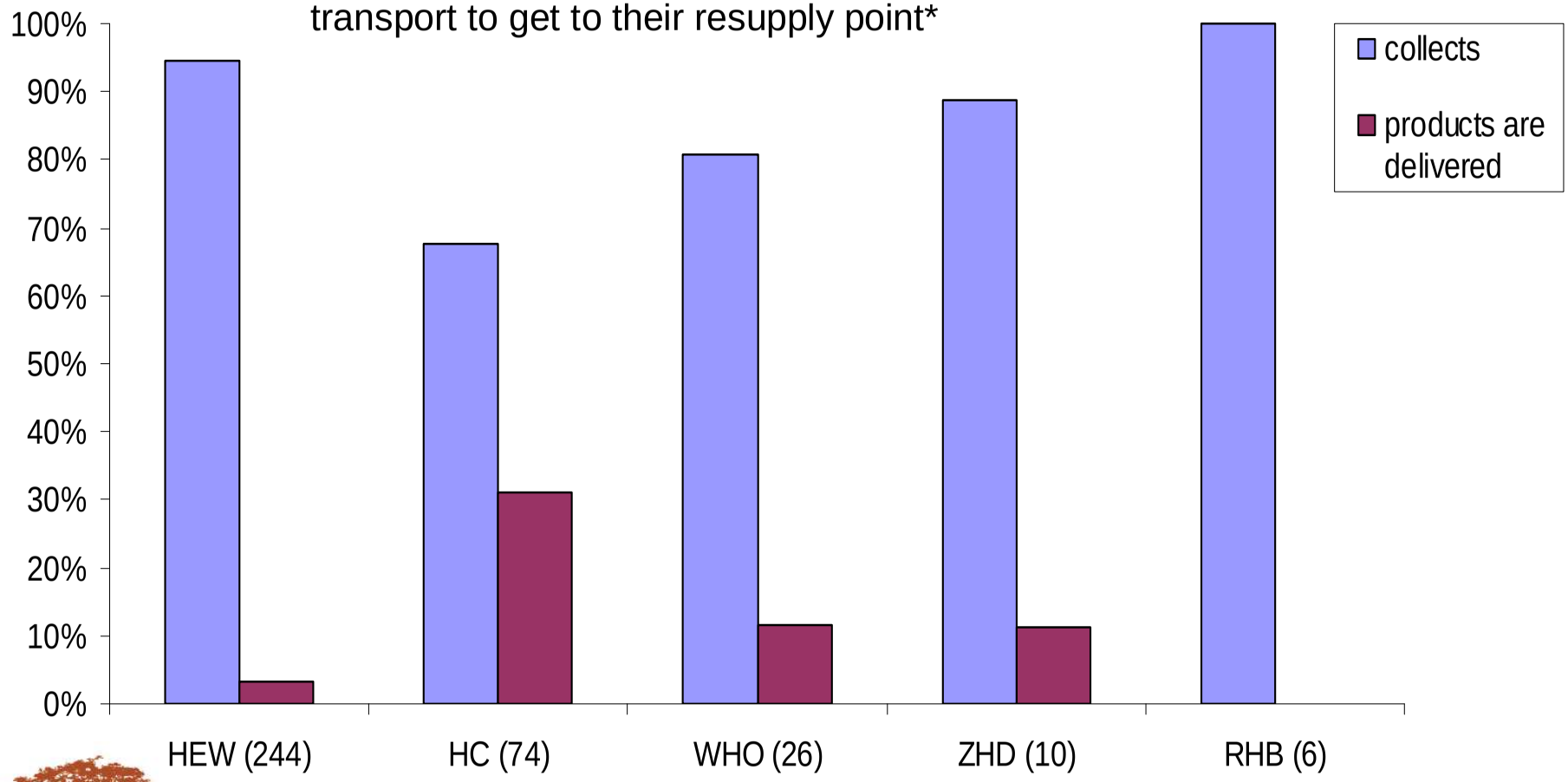


PRECONDITION 4:
Goods are routinely transported between resupply points and **HEWs**

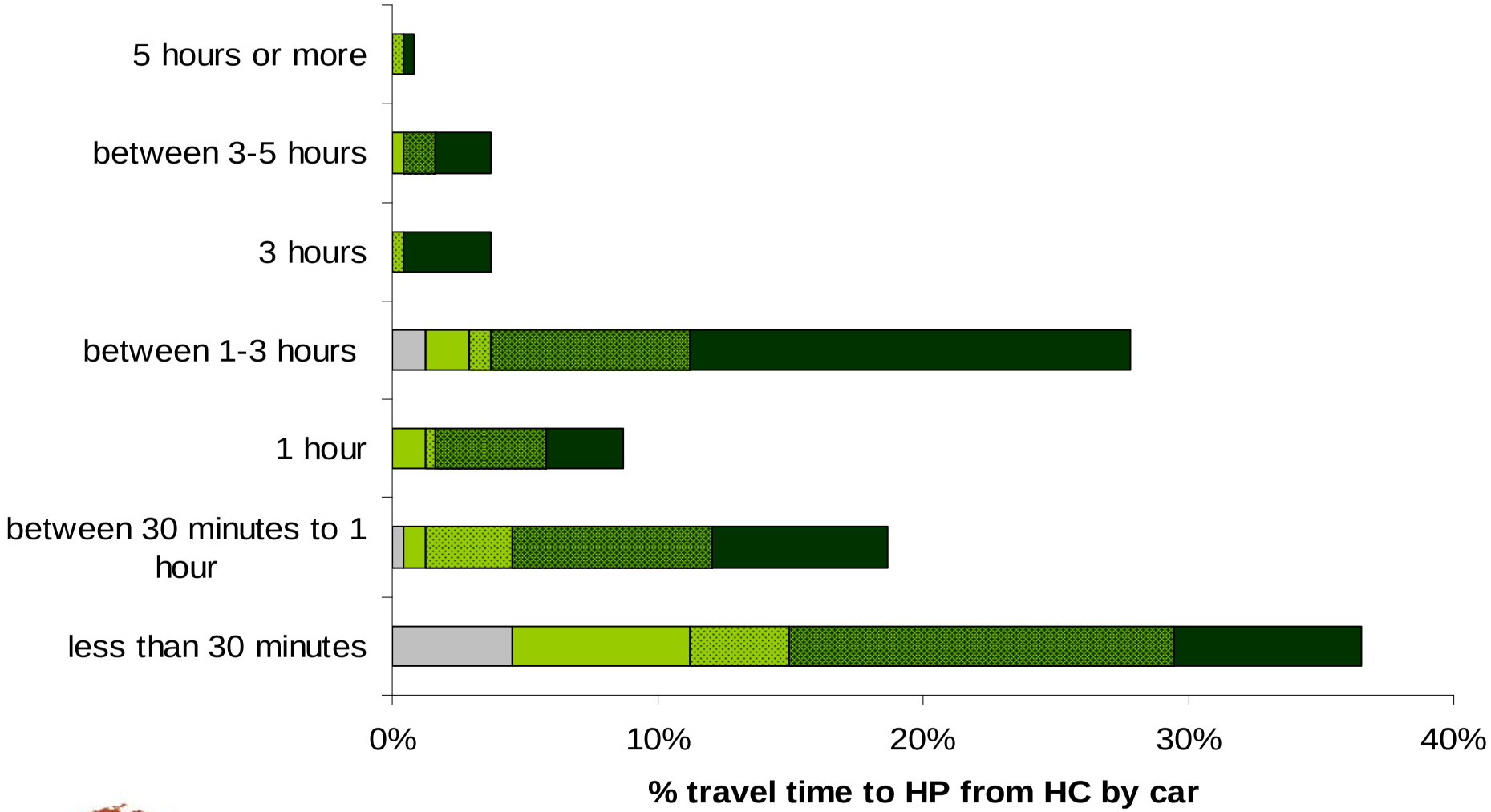
- Health posts are generally located in remote areas that are difficult to reach particularly during rainy season
- **66%** of 121 HEWs with problems related to collecting or receiving health products reported **lack of transport** as the major constraint

Delivery & Collection of Products

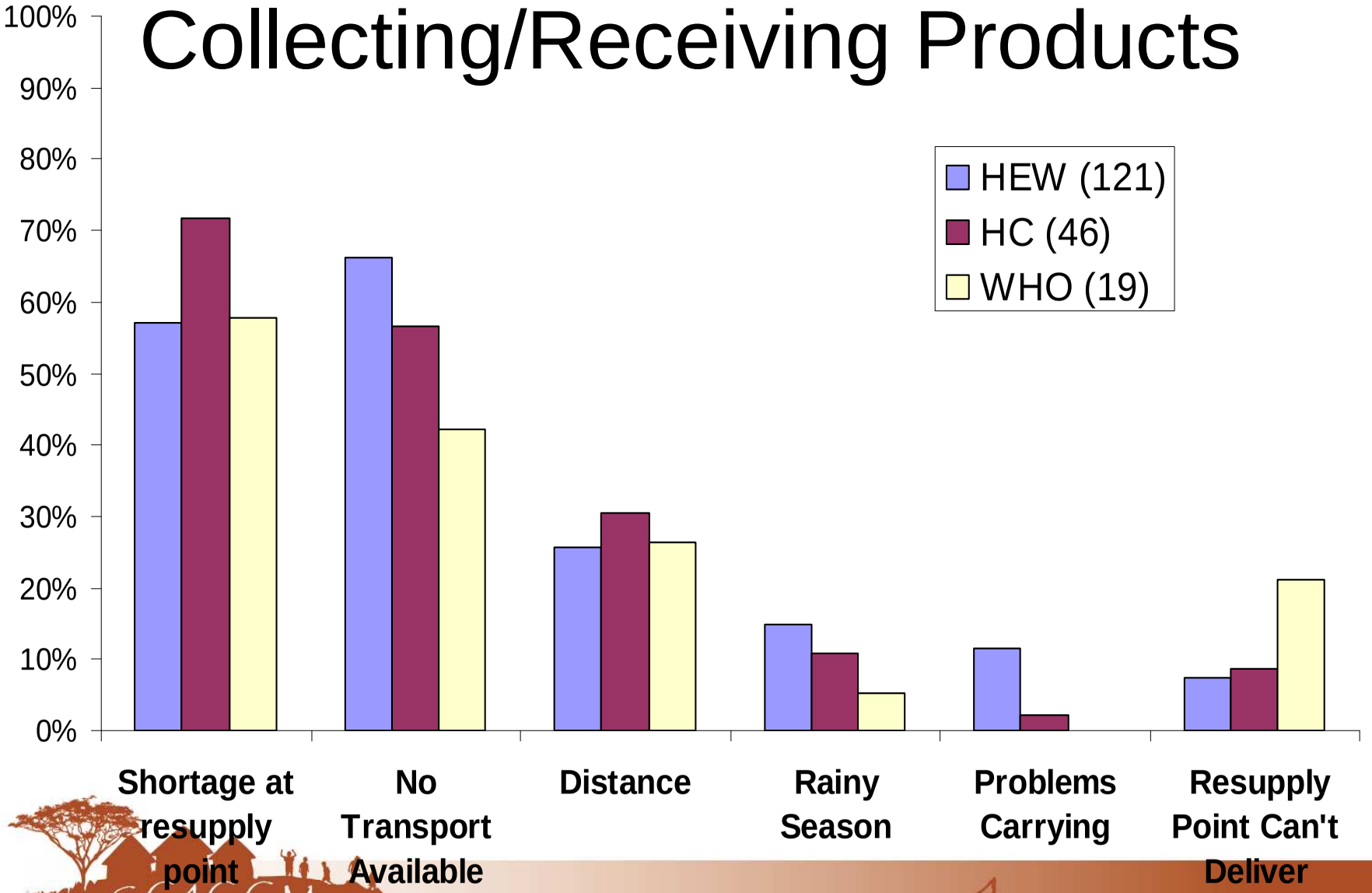
Of 229 HEWs who collect products, **71%** walk on foot and **32%** use public transport to get to their resupply point*



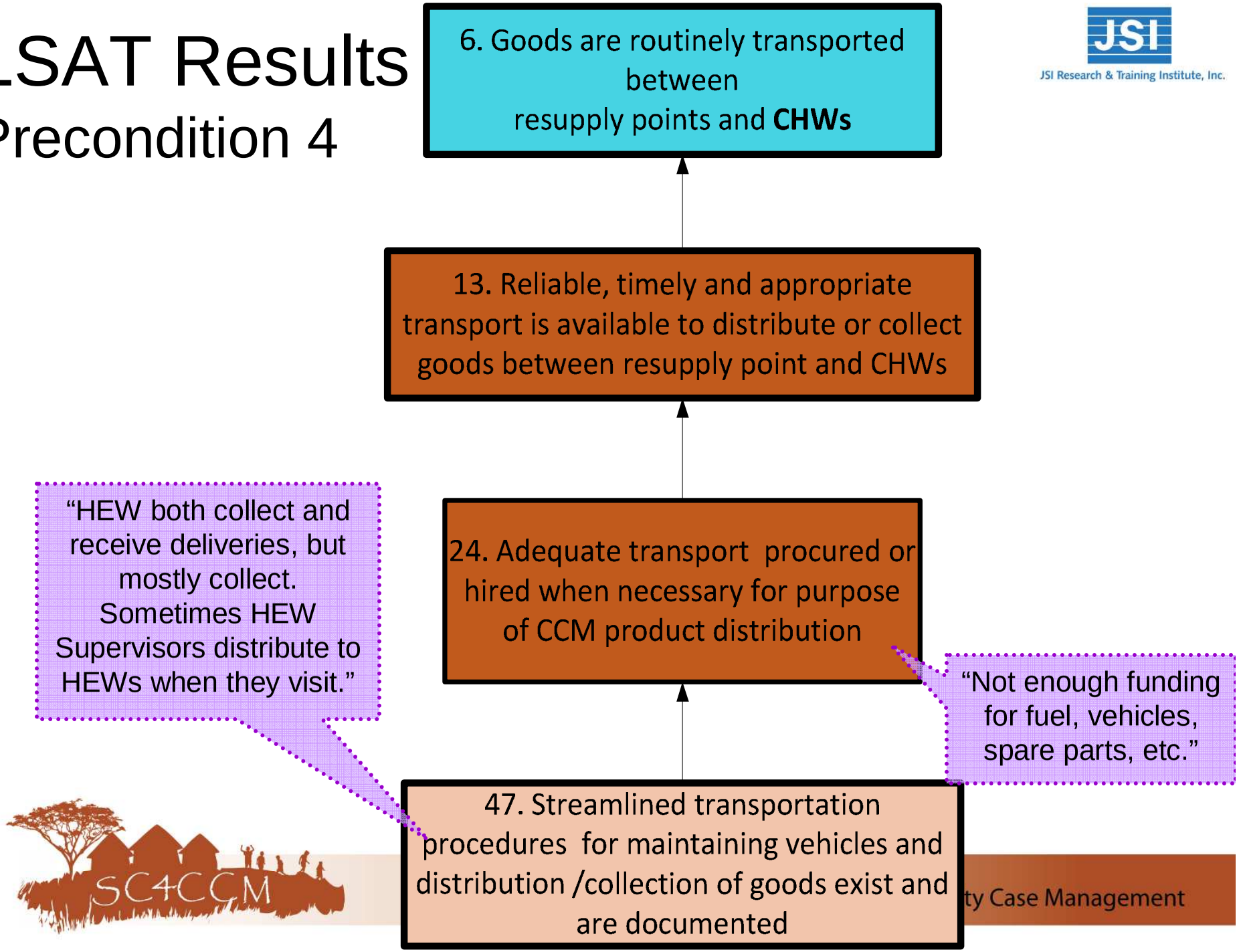
Travel Time and Road Condition



Reported Problems Collecting/Receiving Products



LSAT Results
Precondition 4



JSI Research & Training Institute, Inc.

SC4CCM

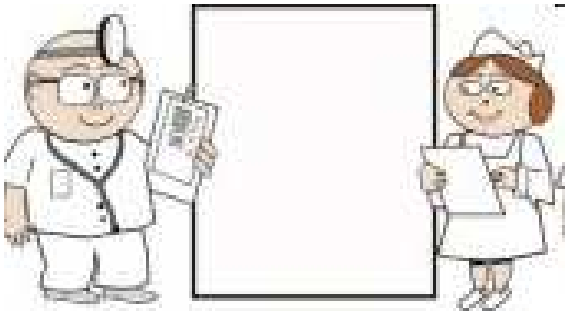
ty Case Management

PRECONDITION 5:
HEWs are motivated to perform their roles in the CCM product supply chain

- High rates and frequency of supervision
  - Few HEWs cited supervision as a source of motivation
    - Perhaps because feedback not provided consistently
- **60%** of HEWs report high levels of job satisfaction

Supervision

JSI Research & Training Institute, Inc.



Last 3 months

100% supervisors reported providing supervision to HEWs every 3 months

- **98%** supervisors reported providing feedback

Where did Supervision take place?

92% HEWs reported receiving a supervisory visit in last 3 months

- Only **46%** HEWs reported receiving written feedback

98% at the health post

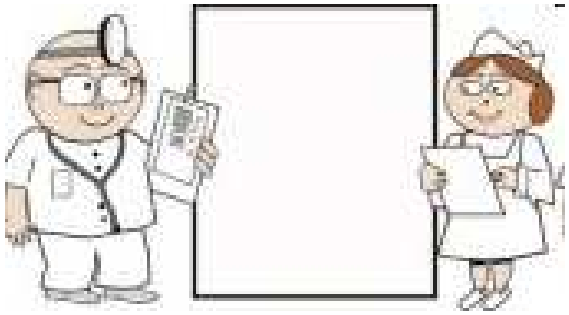
56% at the village or community

Who do HEWs Receive Supervision From?

JSI Research & Training Institute, Inc.

89%
Health Extension Worker Supervisors

22%
Woreda Health Office Focal Person

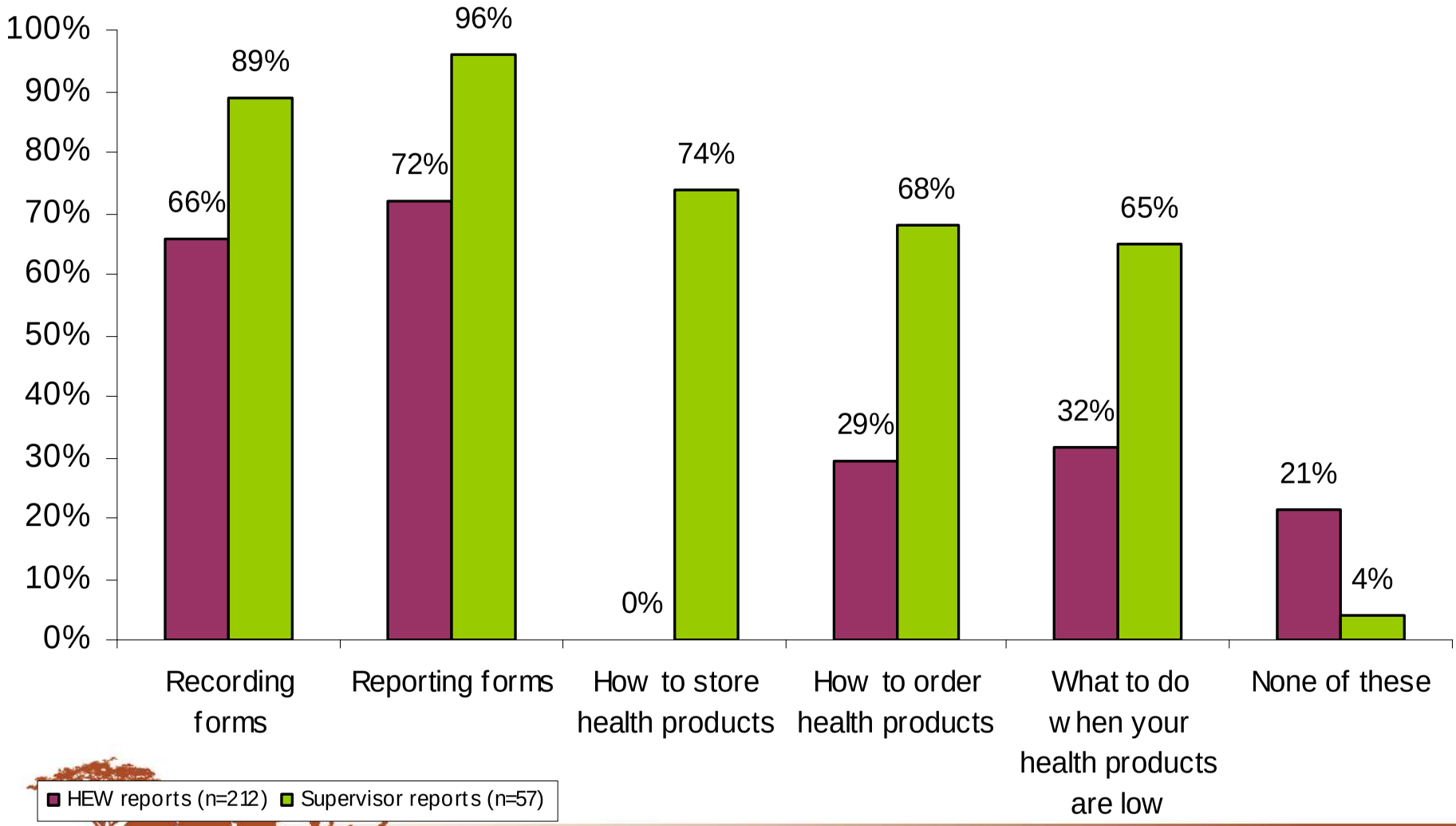


7%
Woreda Health Officer

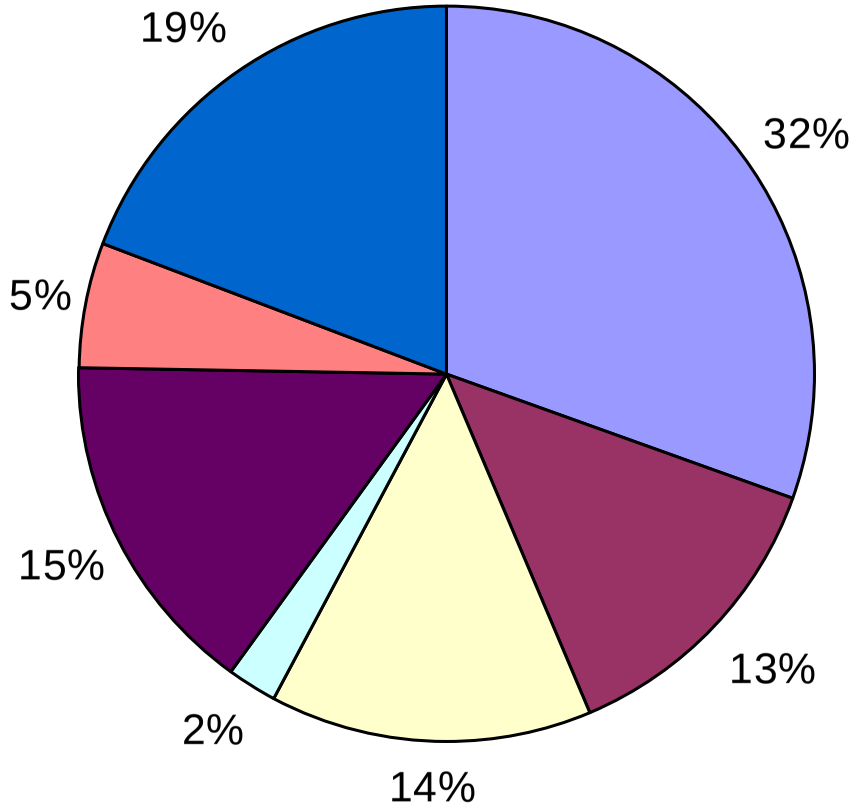
SC4CCM

Chains 4 Community Case Management

Reported Areas of Supervision



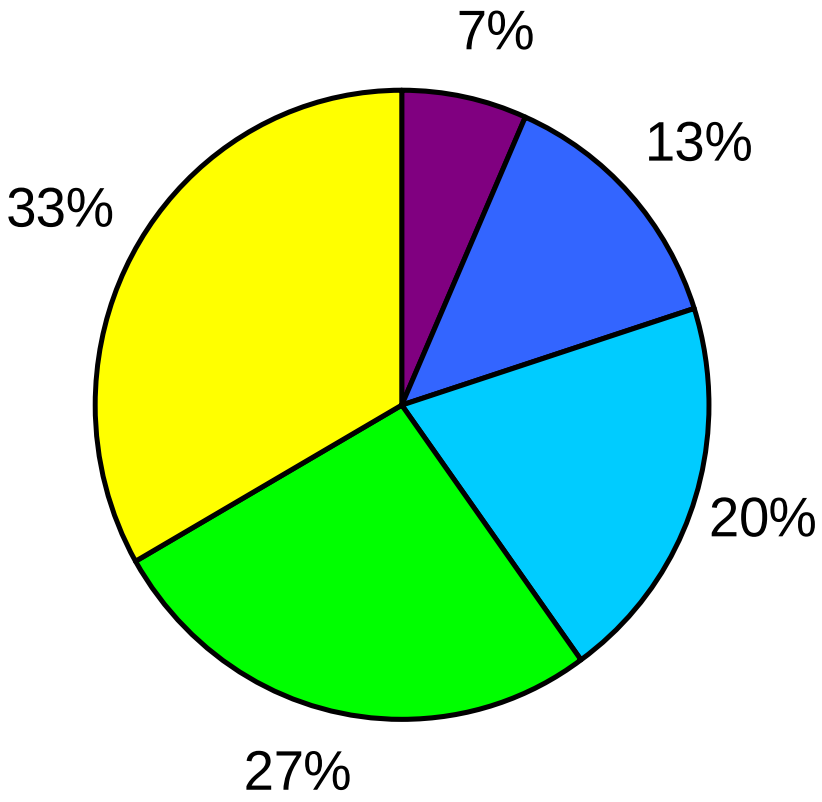
Sources of Motivation for HEWs



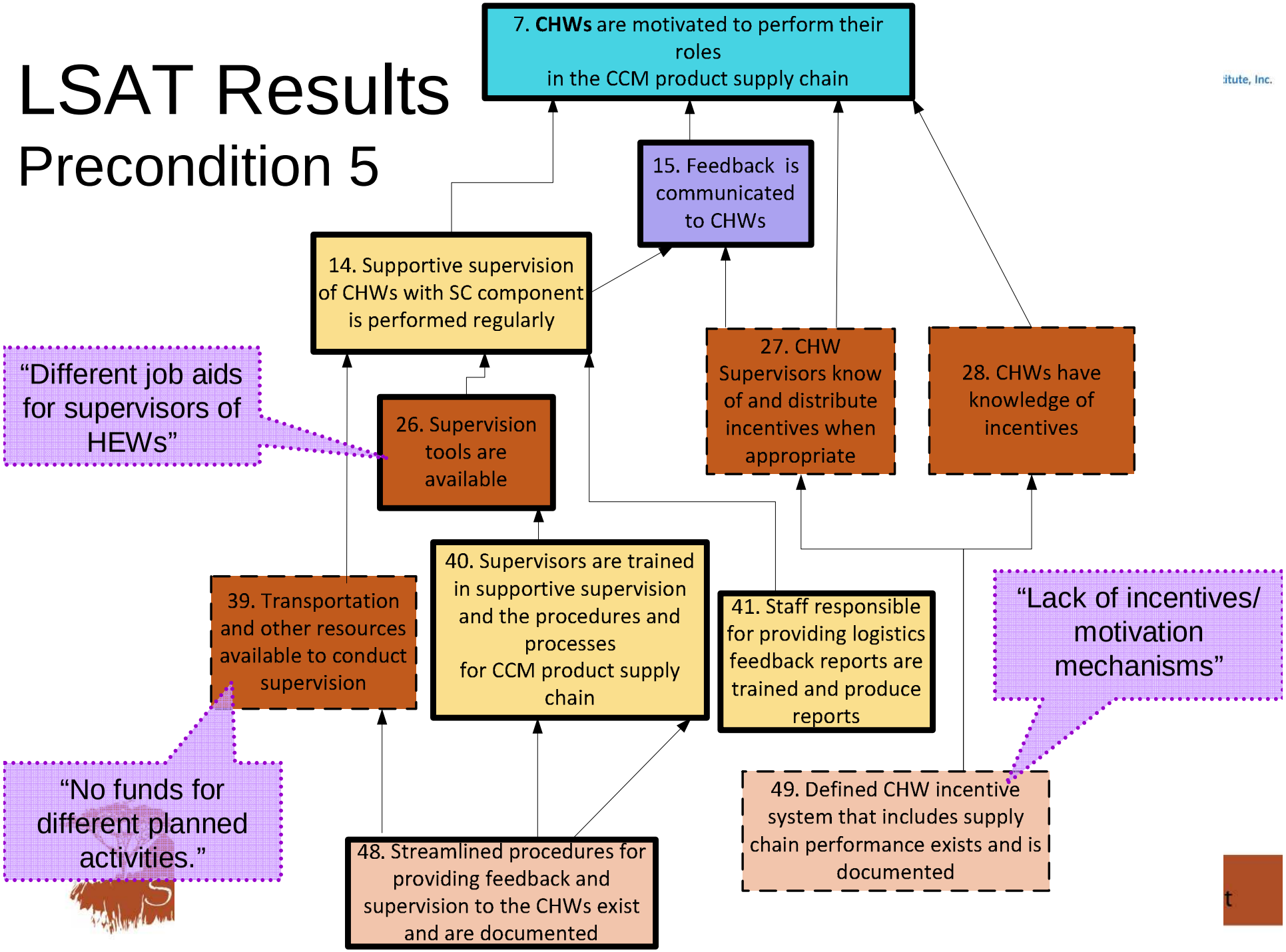
- Getting training
- Helping society
- Community participation and support
- Getting supervision and feedback
- Having/needing sufficient products/materials/ equipment
- Need incentive/ salary/ house
- Other

HEW Self-Reported Job Satisfaction

(1-5 with 5 being highest satisfaction)



LSAT Results
Precondition 5



Access to Communication Technology

- Cell phones are widely (**89%**) available at HEW level

however…

- only **38%** of HEWs have adequate network coverage
- only **23%** of HEWs have a source to recharge their phones

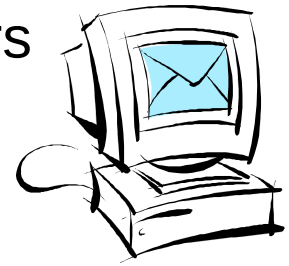
Access to Communication Technology: Health Centers and HEWs

89% of HEWs who manage health products have mobile phones

43% health centers have network coverage at work all the time,

24% at least sometimes

None of the HEWs and health centers have internet access on cell phone



Thank You

JSI Research & Training Institute, Inc.

SC4CCM

Supply Chains 4 Community Case Management