

CCM Supply Chain Baseline Assessment Oromia, Ethiopia 2010







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, CCM and supply chain stakeholders





Project Objectives

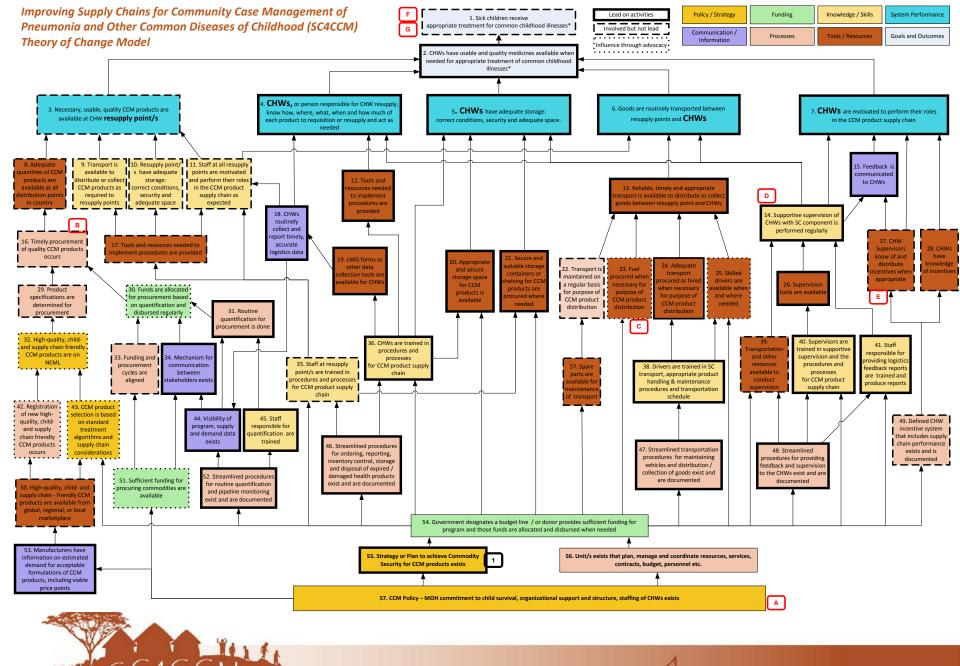
- Conduct a baseline assessment and develop implementation plan
- Test, identify and implement supply chain interventions
- Collaborate with partners to institutionalize improved supply chain practices
- Ensure capacity to procure quality, affordable CCM products
- Share lessons learned



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.





SC4CCM Core Indicators



Derived from the main country level objective and immediate preconditions

GOALLEVEL OBJECTIVES

Sick children receive appropriate treatment for common childhood illnesses

Main Country Level Objective:

CHWs have usable and quality medicines available when needed for appropriate treatment of common childhood illnesses

Precondition 1:

Necessary, usable, quality CCM products are available at CHW resupply point/s

Precondition 2:

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

Precondition 3:

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

Precondition 4:

Goods are routinely transported between resupply points and **CHWs**

Precondition 5:

CHWs are motivated to perform their roles in the CCM product supply chain





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



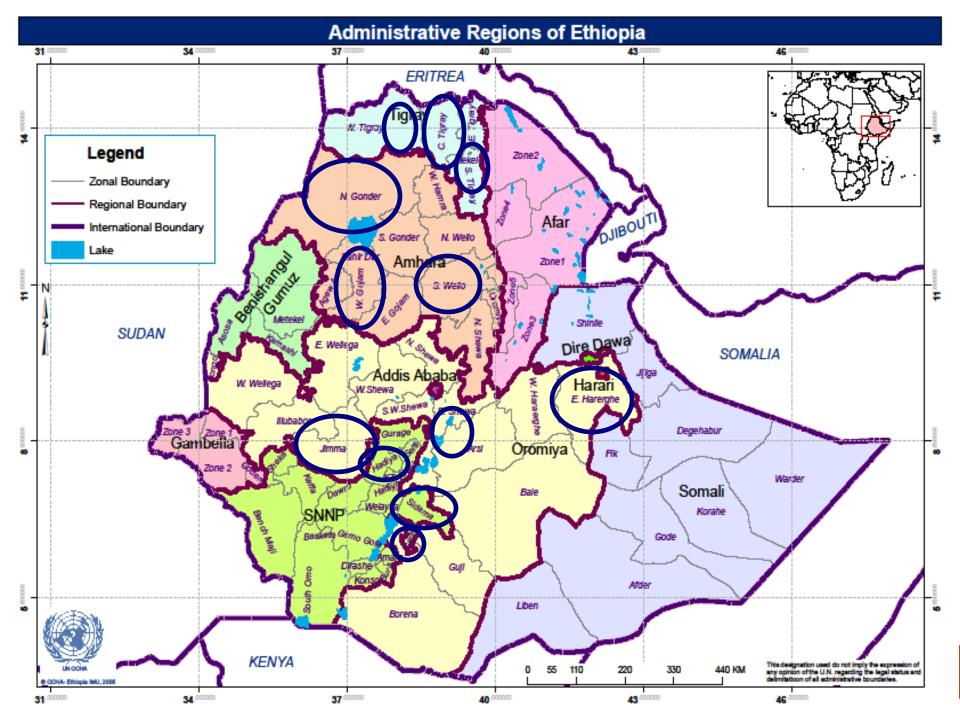
- Two day group assessment
- Participants:
 - 36 FMOH and RHB participants
 - from Oromia Region: RHB (1), Jimma ZHD (2), Kersa WoHO (2), Manna WoHO (2), Yabu HC (2), Scerbo (2), HP (2)
 - 9 participants from partner organizations Ethiopian Pharmaceutical Association,
 USAID|DELIVER, MSH/SPS, Save-USA,
 Ethiopian Public Health Association, UNICEF,
 SCMS, JaRco



LIAT Sampling - Oromia

Levels of Administration / Facilities	Sample Size (n=)
Regional Health Bureau (RHB) / Warehouse	3
Zonal Health Dept (ZHD)	3
Woreda Health Office (WHO)	7
Health Center (HC)	18
Health Post (HP) (1 x HEW per HP)	80
Total	111







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 multilingual survey
 - Three languages (Amharic, Oromiffa, Tigrinya)





Baseline Results by Core Indicators





Tracer Products

JSI
SI Research & Training Institute, Inc.

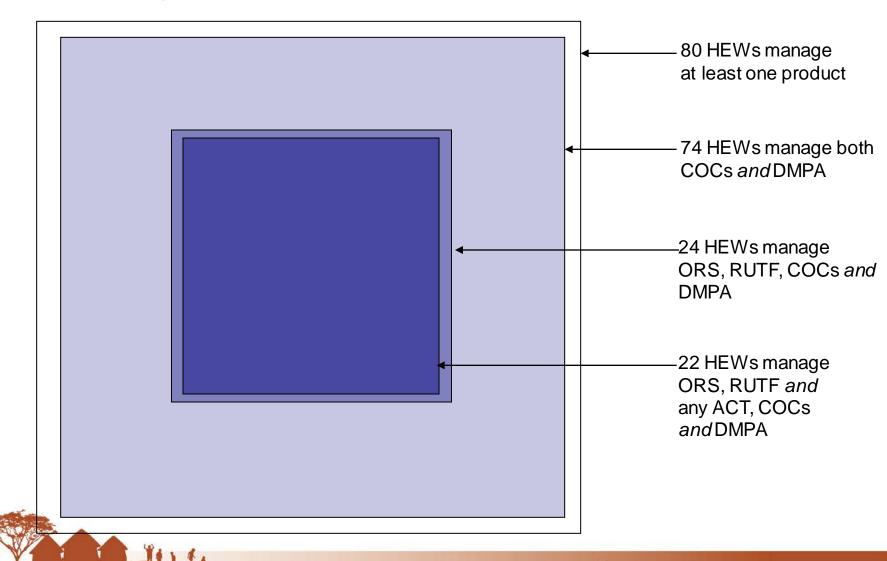
- 1. cotrimoxazole 120mg tablets
- 2. cotrimoxazole 240mg/5ml suspension (bottles)
- 3. amoxicillin 250mg capsules
- 4. amoxicillin 125mg/5ml suspension (bottles)
- 5. Coartem (lumefantrine / artmether) 1 x 6 tablets
- 6. Coartem (lumefantrine / artmether) 2 x 6 tablets
- 7. chloroquine 50mg/5ml syrup (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 - Oromia







Main Country Level Objective:

HEWs have usable and quality medicines available when needed for appropriate treatment of common childhood illnesses





2 of 22 (9%) HPs with ORS, RUTF, COCs, DMPA and any ACT have them all in stock

7 of 24 **(29%)** HPs who manage ORS, RUTF, COCs and DMPA have all in stock

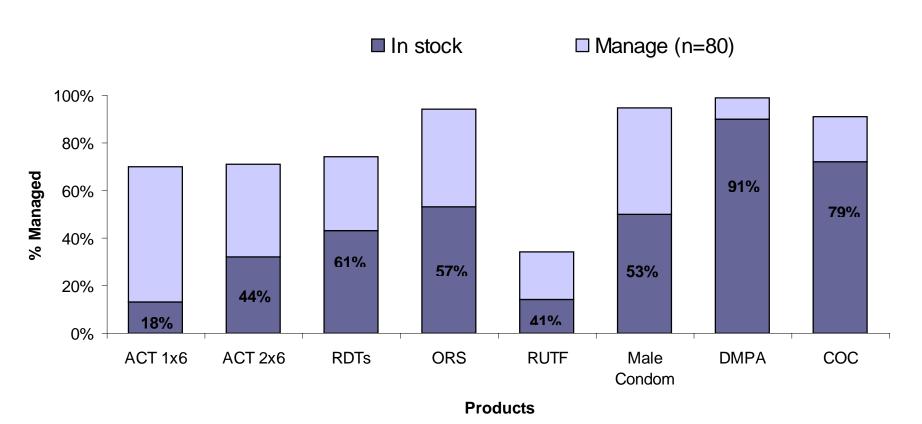
54 of 72(75%) HPs manage both COCs and DMPA and have all in stock



In Stock on DOV at HP by Product



- Oromia





JSI Research & Training Institute, Inc.

Reported Reasons for Stockout - Oromia

- do not receive all the health products ordered - 50%
- resupply point does not give me enough health products - 52%
- resupply did not have any 23%



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:

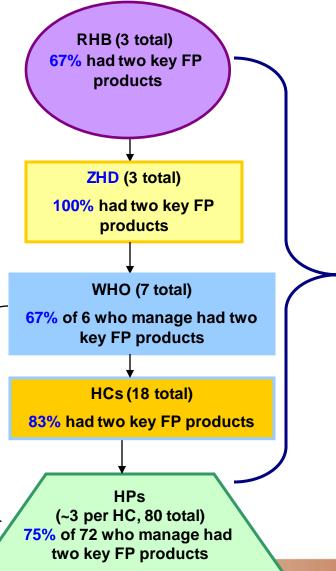
- COC (pills)
 - ACT 2x6



Product Availability at all Levels



in Oromia

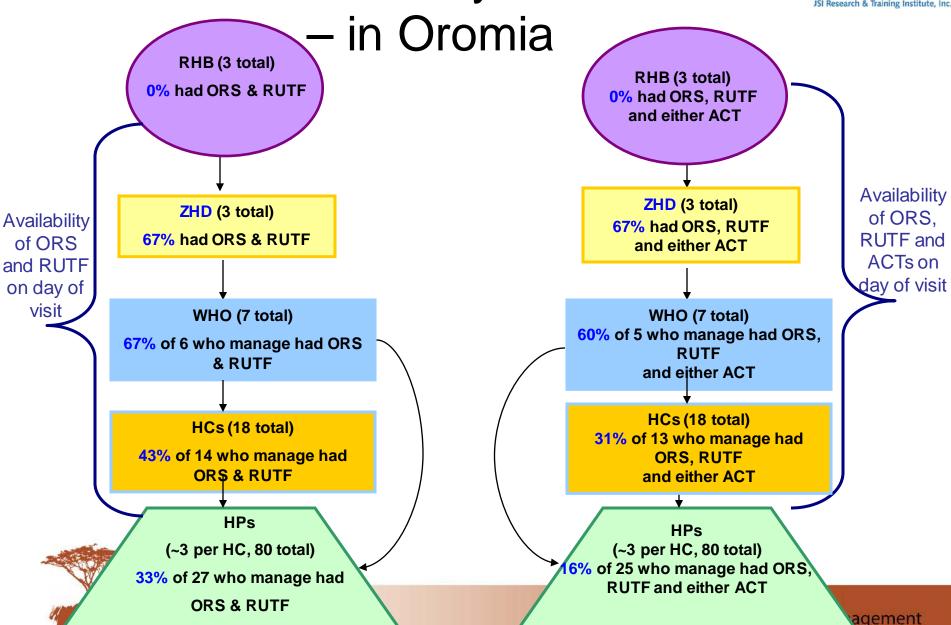


Availability of DMPA and COCs on Day of Visit

Chains Community Case Management

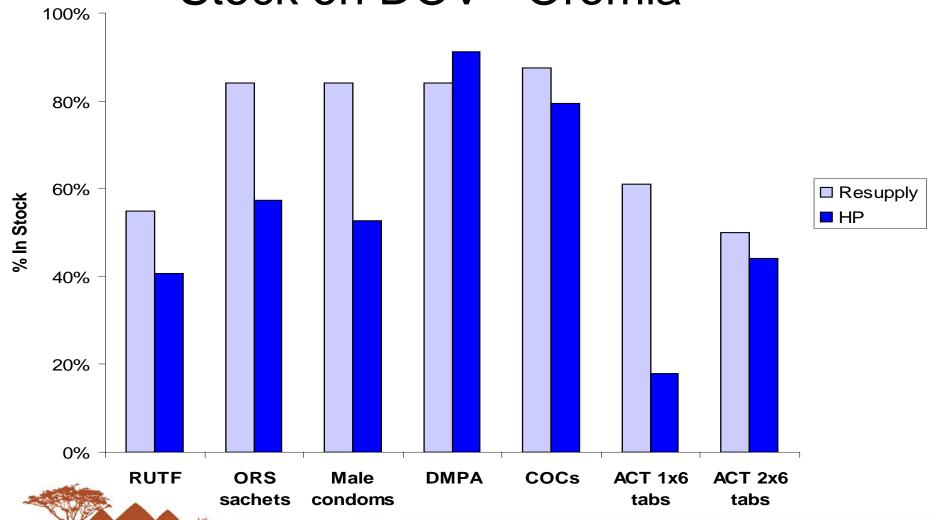
Product Availability at all Levels

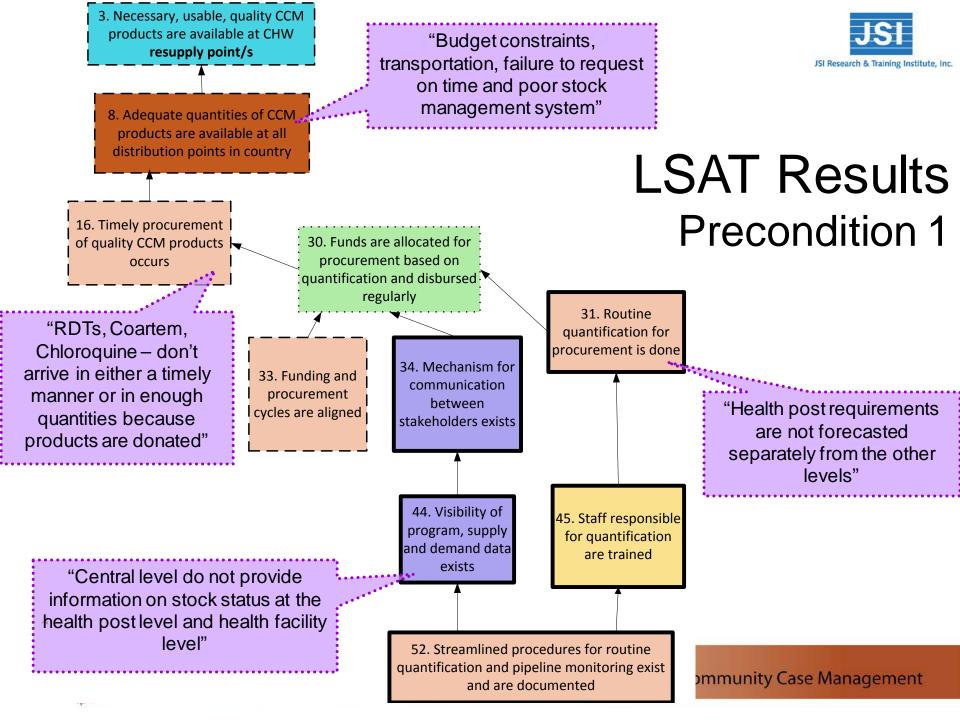




% of Resupply Points and HPs in Stresearch & Training Institute, Inc. Stock on DOV - Oromia





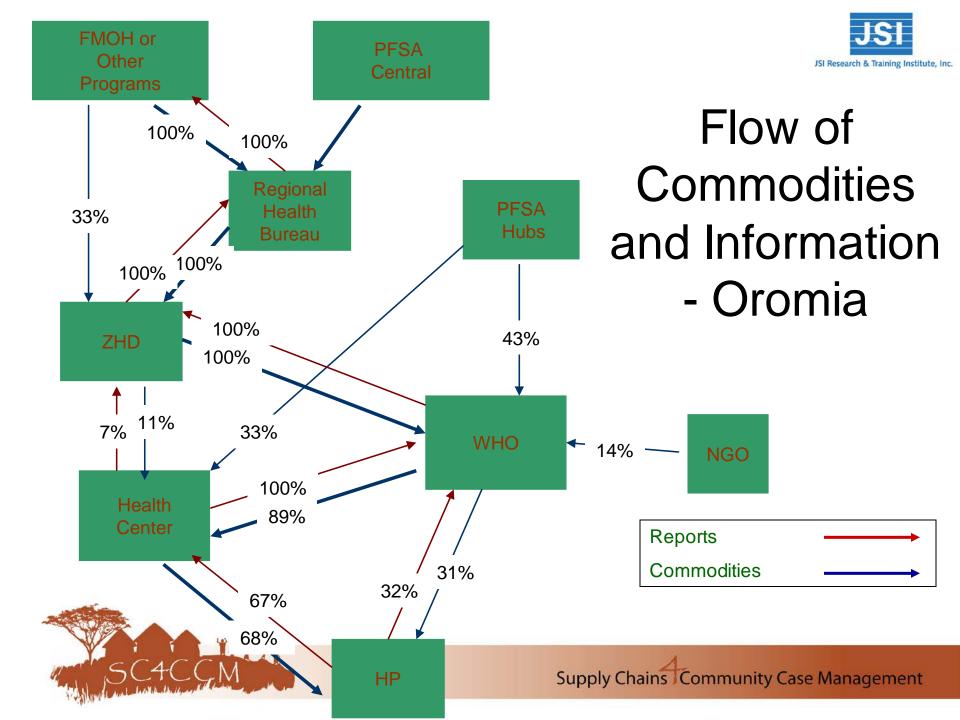


PRECONDITION 2:

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





SCM Formal Training - Oromia



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

- -0% of RHB respondents
- 0% of ZHD respondents
- 43% of WHO respondents
- 17% of HC respondents
- 5% of HEW respondents

How 42 HEWs learned to complete forms:

53% reported on the job training

41% reported they figured it out themselves



Standard Operating Procedures - Oromia



Supply Chain Standard Guidelines or Procedures were observed at:

- only 1 of the 3 store managers
- -0% of ZHOs
- 14% of WHOs
- -0% of HCs
- 1% of HPs

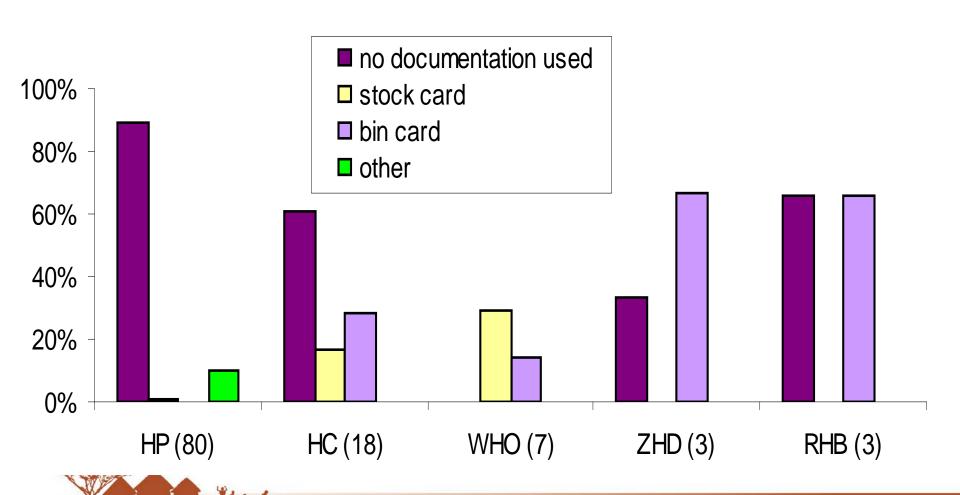
Key Message:

Very few facilities in the system have SOPs to reference



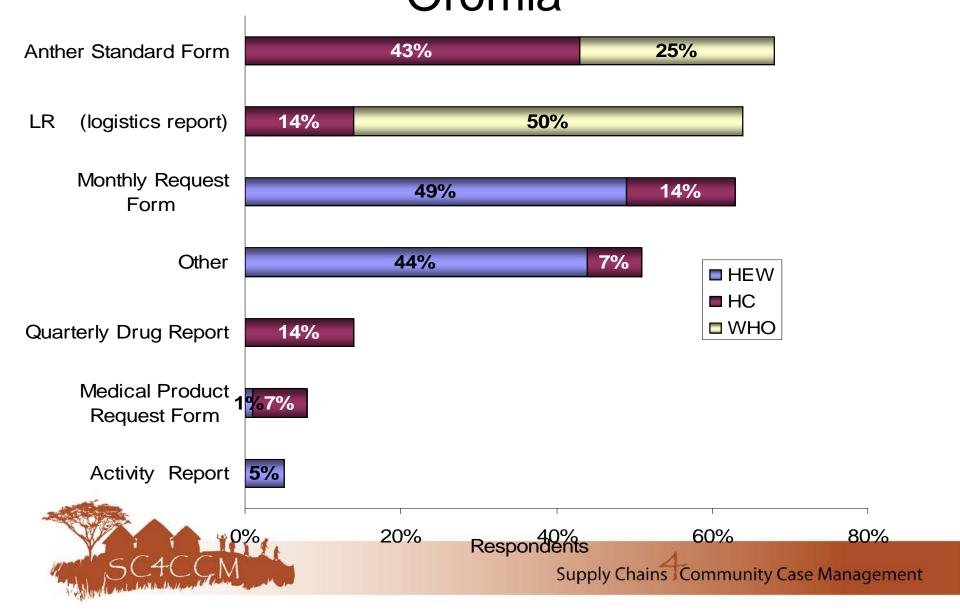
Stock Keeping Documentation: Oromia





Types of Reports Submitted – Oromia





Resupply Procedures for HEWs Oromia



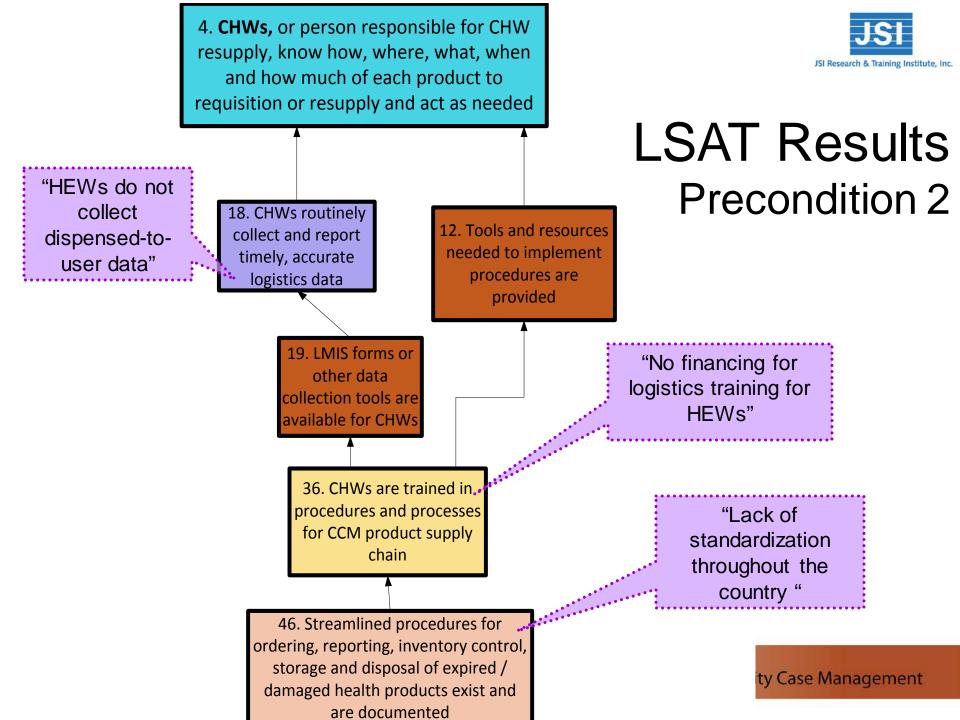
46% of HEWs report being resupplied every month,

while 39% of HEWs seek resupplies only when they need them

53% of HEWs report using a request form,

but 95% of those use Model 20





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 level





Satisfactory Storage Conditions

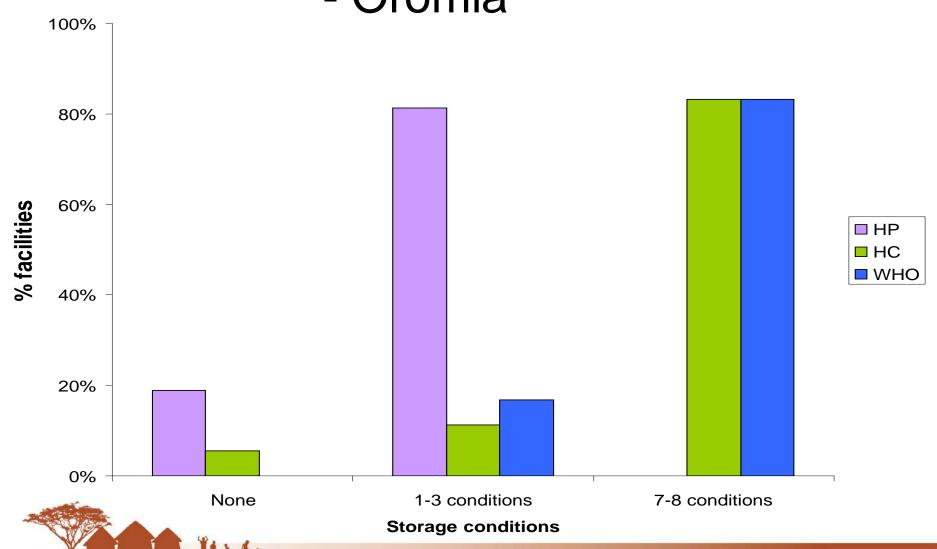
Health products are stored:

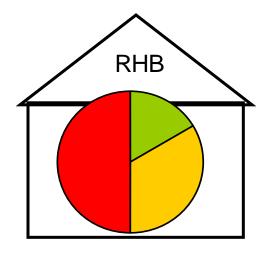
- separately to damaged and/or expired health products
- in an area free of rodents or insects
- securely with a lock and key, and with limited access
- in an area that is protected from direct sunlight
- at the appropriate temperature
- on shelves or stacked off the floor in stacks and away from walls
- 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 - Oromia



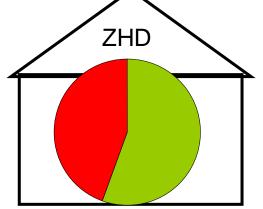




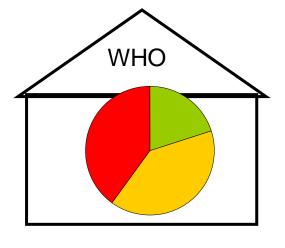
Fullness of Storage –

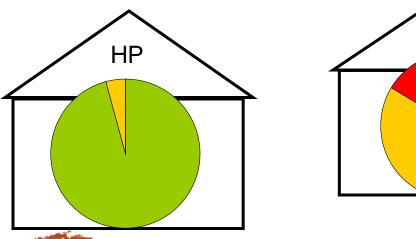


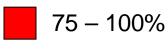
National

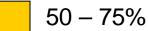


HC











5. **CHWs** have adequate storage: correct conditions, security and adequate space.

LSAT Results Precondition 3

Insufficient shelving at HPs

HPs have adequate storage

20. Appropriate and secure storage space for CCM products is available

21. Secure and suitable storage containers or shelving for CCM products are procured where needed



PRECONDITION 4:

Goods are routinely transported between resupply points and **HEWs**

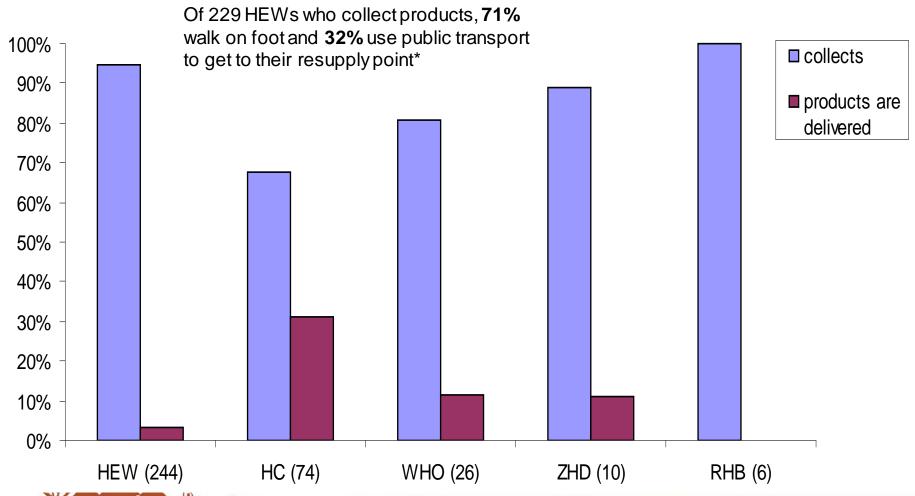
- Health posts are generally located in remote areas that are difficult to reach particularly during rainy season
- 87% of 23 HEWs in Oromia with problems related to collecting or receiving health products reported lack of transport as the major constraint



Delivery & Collection of Products



- National

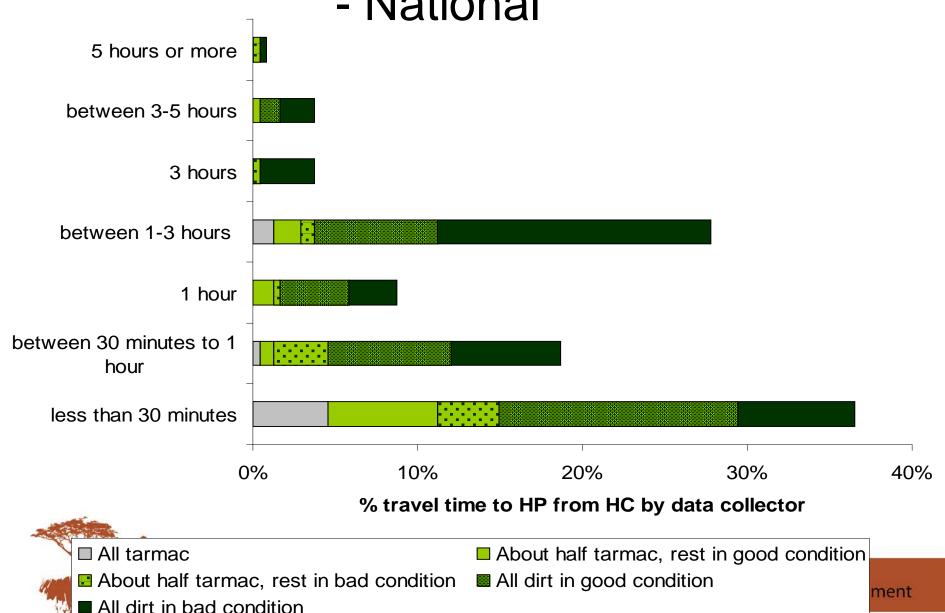




Travel Time and Road Condition

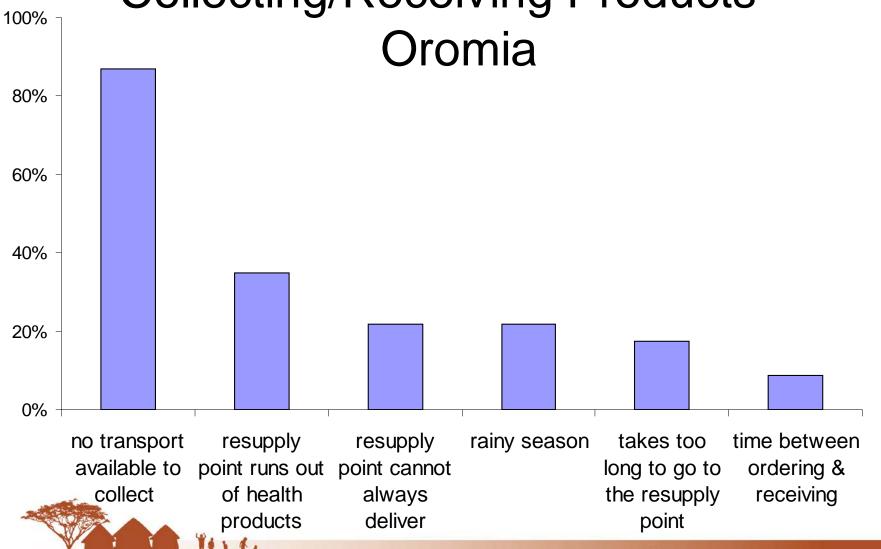






HEW Reported Problems Collecting/Receiving Products





LSAT Results **Precondition 4**

6. Goods are routinely transported between resupply points and CHWs

13. Reliable, timely and appropriate transport is available to distribute or collect goods between resupply point and CHWs

HEW both collect and receive deliveries, but mostly collect. Sometimes HFW Supervisors distribute to HEWs when they visit.

24. Adequate transport procured or hired when necessary for purpose of CCM product distribution

Not enough funding for fuel, vehicles, spare parts, etc



47. Streamlined transportation procedures for maintaining vehicles and distribution /collection of goods exist and ty Case Management are documented

PRECONDITION 5:

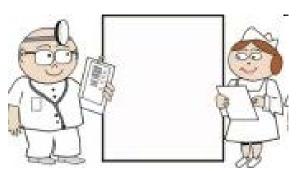
HEWs are motivated to perform their roles in the CCM product supply chain

- High rates and frequency of supervision
 - Supervision not identified as a source of motivation
- 60% of HEWs report high levels of job satisfaction



Supervision - Oromia





100% supervisors reported providing supervision to HEWs every 3 months

Last 3 months



96% HEWs reported receiving a supervisory visit in last 3 months

100% at the health post



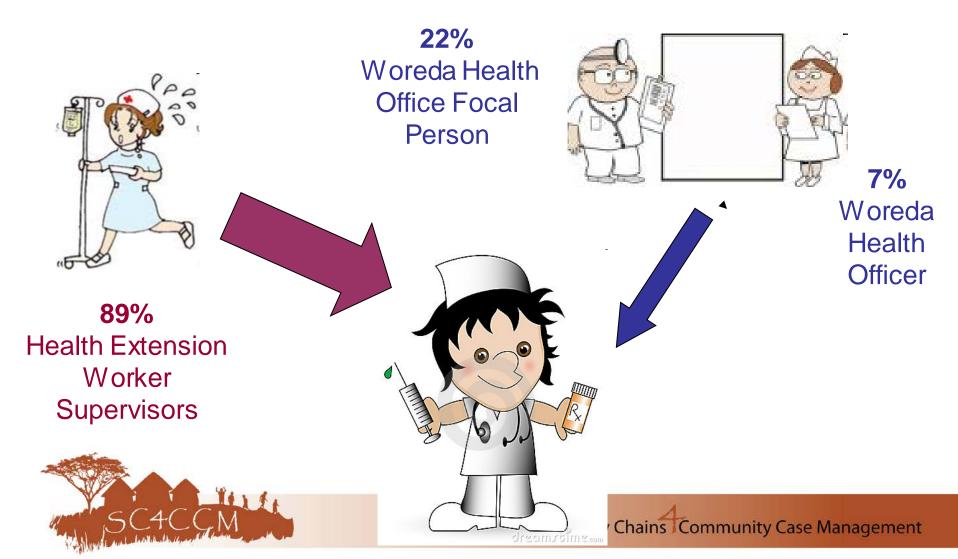
87% at the village or community



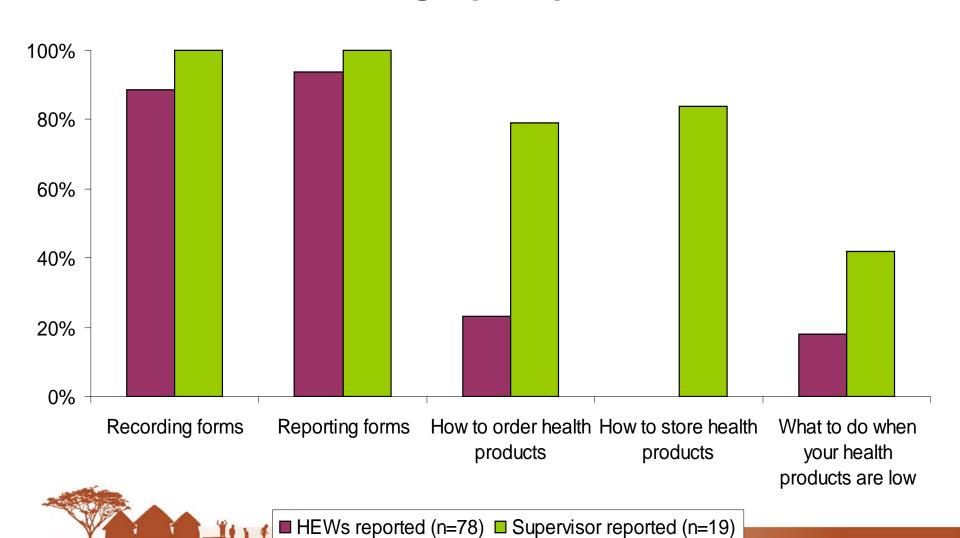
unity Case Management



Who do HEWs Receive Supervision From? - National

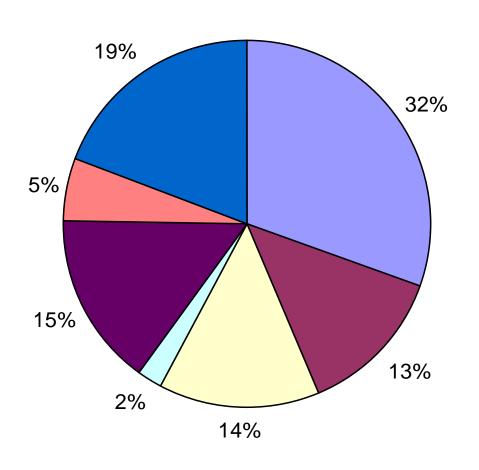


Reported Areas of Supervision Oromia



Sources of Motivation for HEWs





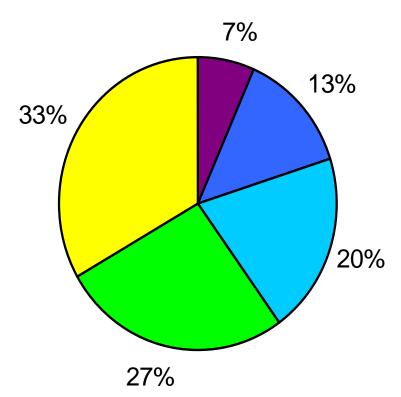
- Getting training
- Helping society
- Community participation and support
- ☐ Getting supervision and feedback
- Having/needing sufficient products/materials/ equipment
- Need incentive/ salary/ house
- Other

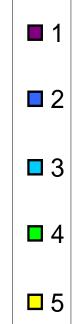


HEW Self-Reported Job Satisfaction-National

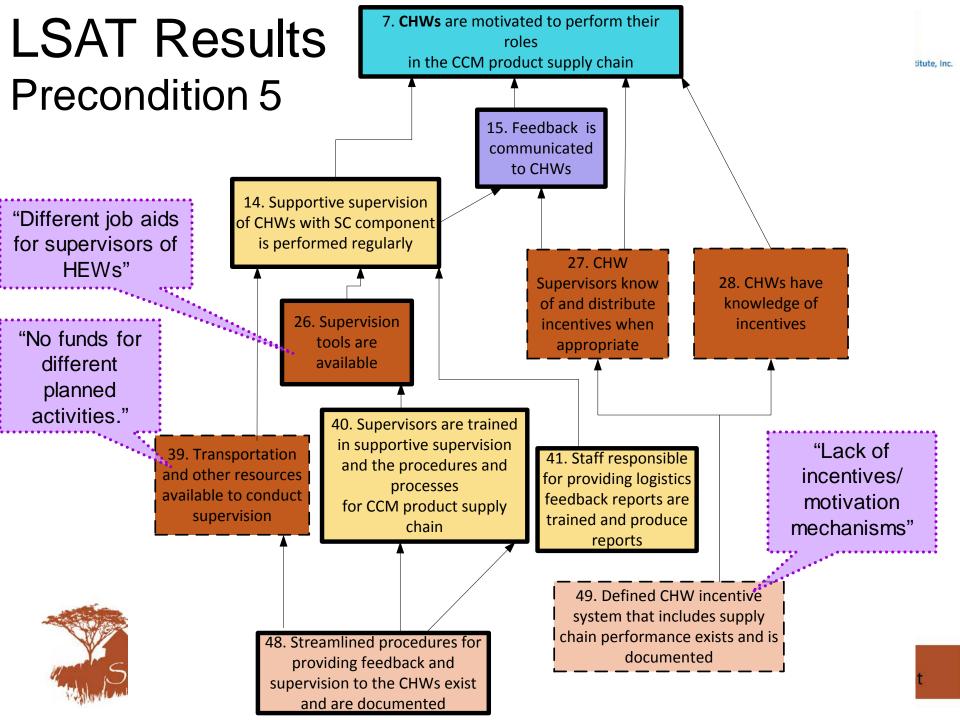


(1-5 with 5 being highest satisfaction)









Access to Communication Technology - Oromia



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

however...

- only 35% of HEWs have adequate network coverage
- only 21% of HEWs have a source to recharge their phones



Thank You





