

# Tips on Supply Chain Management Issues for CCM

“If only I had known.” We’ve all had this thought about certain projects and later after finishing the work, remember certain things that would have made the task easier and faster to complete. These “tips” represent those known nuggets of advice that any CCM program manager or the CCM technical committees of Ministries of Health, should have from the start-up phase to reduce the likelihood of problems in supply chain issues. A CCM program is dependent on the constant availability of commodities for its success. Commodities for CCM do not just include medicines such as amoxicillin dispersible tablets, antimalarials, and ORS and zinc, but also rapid diagnostic tests (RDTs), gloves, and sharps’ boxes.



## Think Ahead

**Consider what supply chain issues you may encounter and plan for them from the beginning.**

- **Establish a plan** for the pilot or introductory phase (if appropriate) and scale up phase, so that the needed medicines and supplies can be estimated and procured accordingly, ahead of time. Where possible make sure you have **initial quantities of all the supplies ready to give to the community health workers (CHWs) as they complete their training or practice sessions.** In addition, from the beginning, establish and train the CHWs in procedures for resupply and tracking their medicines and commodities, so that services will not be interrupted when initial supplies are used up.
- Consider the distribution mechanism—**define the supply points for delivery of the medicines and supplies and the most efficient and effective way for the CHWs to retrieve them.** Incorporate the logistical costs of transportation for both medicine deliveries and CHW travel into your planning.
- Ensure the clinical algorithms for CCM take into account the latest WHO recommendations and are also incorporated into the country’s national standard treatment guidelines. Use or adapt the WHO CHW algorithm where possible as this has already been simplified and validated and saves developing something new. ([http://apps.who.int/iris/bitstream/10665/44398/1/9789241548045\\_Manual\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44398/1/9789241548045_Manual_eng.pdf))
- The **supervision of the CHWs should be well planned before the strategy is implemented.** This includes:
  - o What the supervision will cover (supervisory checklist)
  - o How the supervision will be carried out and by whom (supervision mechanism)
  - o How much the supervision will cost and where the funding will come from



## Prepare Technical Specifications and Guidance Documents

Carefully define all the technical specifications (presentation, strength, form, packaging) for the supplies required for CCM and ensure they are included in the procurement documents.

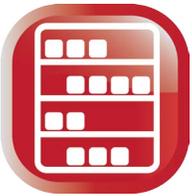
- Be specific and ensure that products are both pediatric and community level-appropriate. It is not enough to say “we need amoxicillin,” it is important to define what kind of amoxicillin, such as 250 mg dispersible tablets in blister packs of 10. **Avoid dispersible tablets in bulk containers of 100 or 1,000 tablets** as this requires an additional step in the distribution process to repackage the tablets into sealable plastic sachets (minigrip). It also may be difficult to ensure hygienic conditions and correct labeling in the repackaging process.
- In developing clinical algorithms for CCM, **select products that avoid additional product manipulation or handling**, e.g., zinc 10 mg tablets are better than 20 mg tablets because mothers will not have to break and store half of the tablet. Again these should be in blisters of 10.

- **Consider how many clients the CHWs will see when selecting pack sizes.** For example, provide RDTs for malaria in individual test kits so that everything required for one test is included in an individual pack. Some RDTs have only one bottle of diluent for a box of 25 kits; this makes distribution of small quantities to CHWs difficult.



## Procure Medicines and Supplies

- **Ensure that the first procurement takes into account all the defined technical specifications** such as those mentioned above. For example, if the first procurement of amoxicillin 250 mg tablets is not for dispersible tablets, the CHWs will need to be retrained or re-oriented on dispersible tablets later, once they become available. Try to start with the ideal product from the beginning and use the same product for training, practice sessions, and then actual case management.



## Resupply and Manage Commodities

- Develop a **resupply mechanism that is reliable and a formula for calculating order quantities that makes ordering easy for the CHWs.** Alternatively, the CHWs could record only the quantity of stock they have on hand; then the staff at the health center can calculate the order quantity for them—this would reduce the amount of training the CHWs needed. The feasibility of this approach depends on how many CHWs are attached to a health center and other factors. In many cases, having the CHWs meet monthly at the health center serves as a supervisory mechanism as well as a resupply opportunity.
- Ensure that the **forms for tracking use of medicines and supplies are simple and easy to use.** Determine whether stock cards or some form of ledger will be used to track the movement of medicines. Do not complicate the tasks of the CHWs by duplicating record keeping, such as insisting on recording consumption when there is a case consultation register. A reporting form to provide information to the resupply point on availability and consumption could be combined with the order form. Include **only** essential data items in the report.
- Provide **guidance to the CHWs on how to manage, store, and order their medicines and supplies** through an easy-to-understand, culturally-appropriate job aid or poster. This will reinforce the messages provided at the training.
- **Monitoring supply chain practices and availability of medicines and supplies at community level** should be integrated into the regular supervision of the CHWs. It is also important to strengthen supervision at the resupply points and set up a mechanism to monitor availability of medicines and supplies at the resupply points. Where possible, this should be part of the existing Logistics Management Information System rather than a parallel system.



## Waste Management

- Consider how to **manage the waste from RDTs** as there are sharp and contaminated items. Ensure the commodities planning phase has included gloves for testing and security boxes for sharp disposal by the CHWs and that their initial procurement and a mechanism for their resupply have been assured. Determine how all contaminated materials, such as lancets, gloves, disinfectant wipes, rapid diagnostic test cassettes should be disposed of—are they thrown in the security box or collected in a plastic bag inside a plastic bucket with a lid? The security box and the sealed plastic bag should then be taken to the health center by the CHW on a regular basis for incineration.



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