



Making Products Available in the Community:
SC4CCM's Tool for Improving Community Health Supply Chains



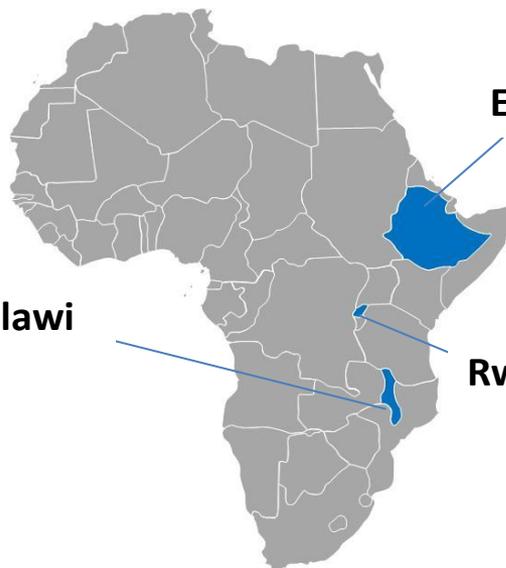
Every year **6.6 million children die** before reaching their fifth birthday from **largely preventable causes** such as malaria, pneumonia, diarrhea, and malnutrition.

Thousands of committed community health workers strive to ensure that sick children can get the treatment they need close to home but often the **supply chains in place cannot consistently deliver these low-cost medicines.**



Supply Chains for Community Case Management (SC4CCM) tested supply chain innovations in 3 countries over 12-24 months to improve product availability and child health outcomes.

Where we worked and what we did to improve product availability...



- Address **transportation** and **data visibility** challenges between resupply points
- Create **teams** focused on collaborative **problem solving**
- **Recognise** supply chain **performance** and achievements at all levels

- Educate staff on **supply chain fundamentals** and provide **basic skills** training
- Reinforce training through **leadership roll out support**

- Design **simple, standard procedures/tools** for resupply of CHWs and provide training
- Form **teams** to test innovations and **generate local best practices** that can be shared
- Developing a supply chain **incentive system**

SC4CCM Mission...

To demonstrate that supply chain constraints at the community level **can be overcome** and to identify **proven, simple, affordable** solutions that address unique supply chain challenges faced by CHWs.



Example Results Achieved...



✓ Product Availability Improved

- Intervention groups in Rwanda **had 25% and 7% greater product availability**, respectively, than the comparison group.
- CHWs receiving the intervention in Malawi had **14% fewer under stocks/out of stocks**, compared to the comparison group.

✓ Data Visibility Improved

- CHW **reporting rates** in Malawi were consistently **above 80%**, up from **43%** at baseline, and reporting completeness was above 90%.
- **77% of CHWs** in Ethiopia knew they should **submit reports** to the health centers compared to 14% of the comparison group.

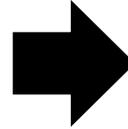
✓ Motivation for Supply Chain Tasks Improved

- **99%** respondents in Malawi found the **mHealth system saved them time** in submitting reports and collecting products.
- **92%** of CHWs in Rwanda reported that **incentives helped to improve management** of medicines.



Applying our lessons...

Supply Chains for Community Case Management (SC4CCM) identified **proven strategies** to **improve community health supply chains**



Introduced a **Manager's Tool** to help policy makers and supply chain practitioners **make informed decisions** to **improve their supply chains and product availability** at the community level

...To ensure that CHWs are able to say

“ I always have products on hand to treat sick children when they come to me for help ”

“ I clearly understand what is expected of me and I am trained on how to best do my job ”

“ I work as part of a team where I receive supply chain support and guidance ”

SC4CCM Key Findings...

Community Health Supply Chain **Works Best** **When:**

- CHW resupply is based on demand using consumption data
- Data is available and consistently used for decision making
- Formalized structures exist to facilitate teamwork and motivate staff across all levels of the supply chain
- Tools and training are created and utilized to drive group problem solving
- Leadership exists that is committed to product availability at CHW level
- Overall supply chain system is functional and provides products at adequate levels

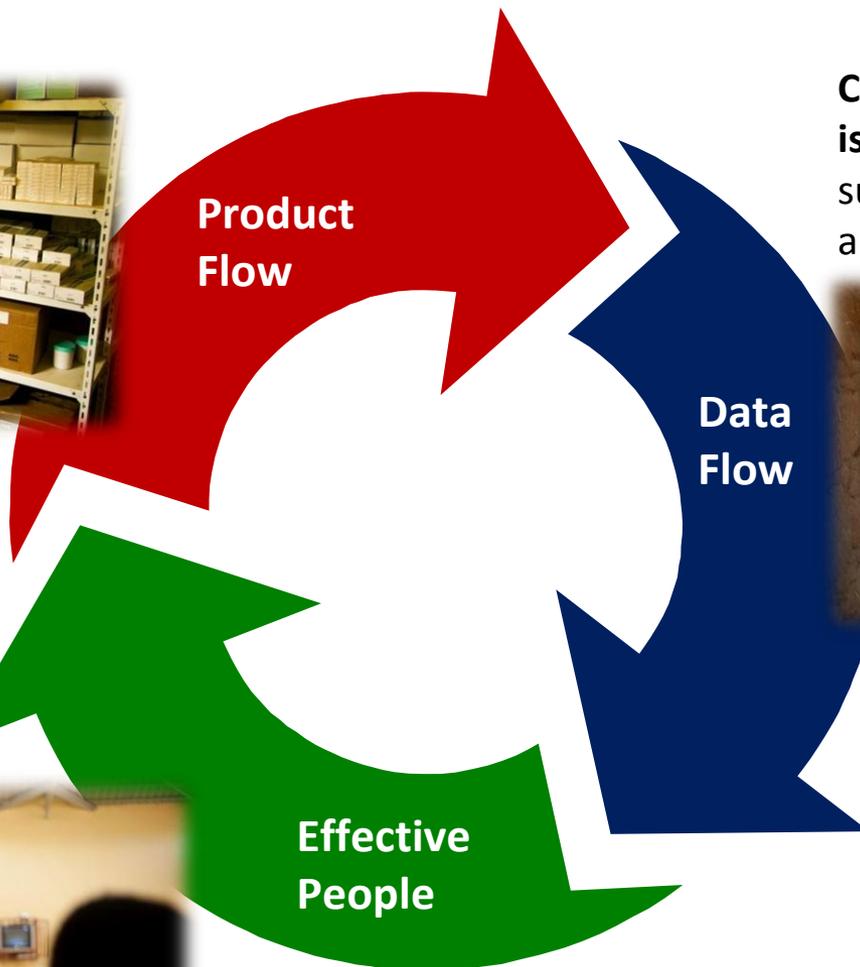


You achieve the greatest benefit from your supply chain when all these factors are in place and working together.

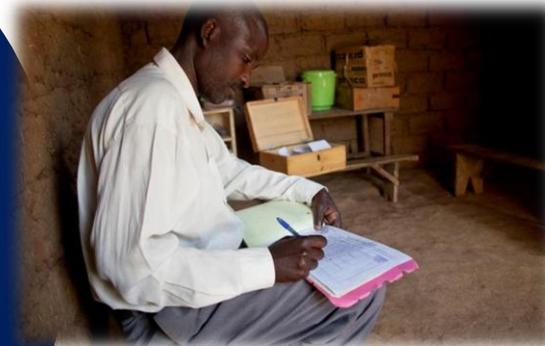
SC4CCM has categorized their key findings into the **three areas**.



Products flow effectively and efficiently through the system **based on CHW need**



Consumption and stock data is available and usable for supply chain decision making and problem solving



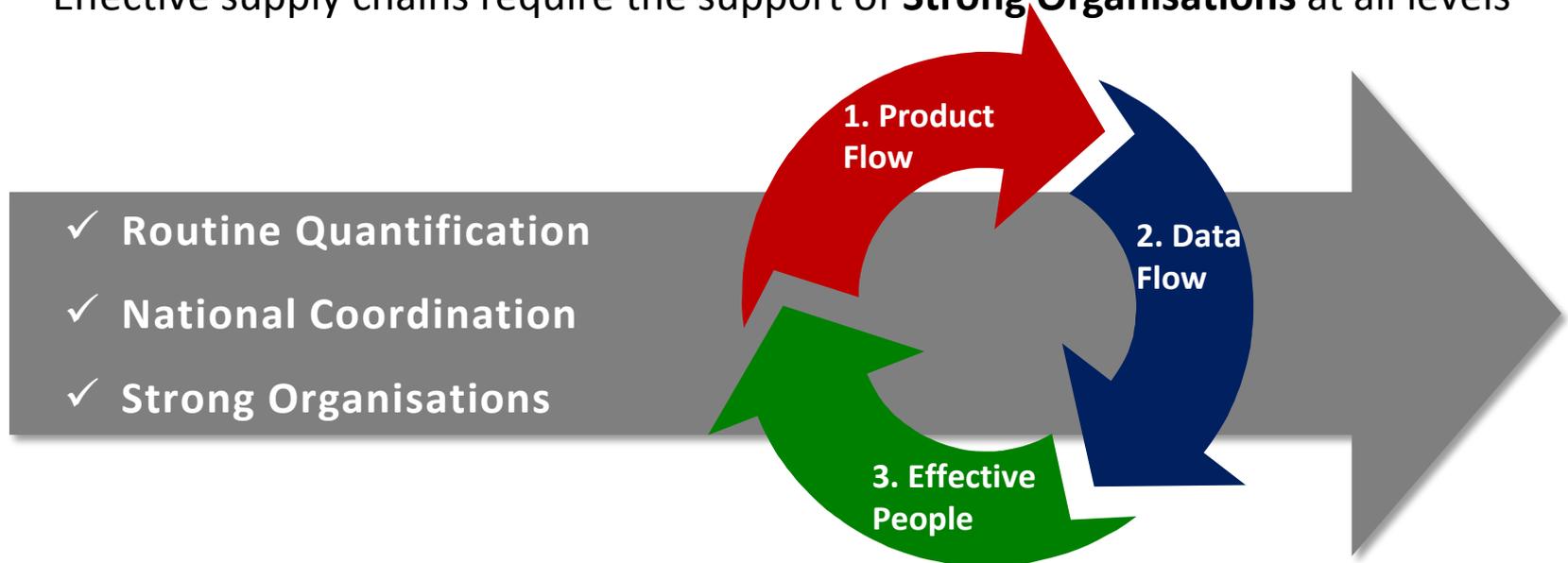
A skilled and motivated workforce **utilizes teamwork to problem solve** and achieve their supply chain goals



The SC4CCM Manager's Tool establishes an order in which to make supply chain decisions...

...But **Routine Quantification, National Coordination, Strong Organisations** play a foundational role in ensuring the CCM Supply Chain is able to perform:

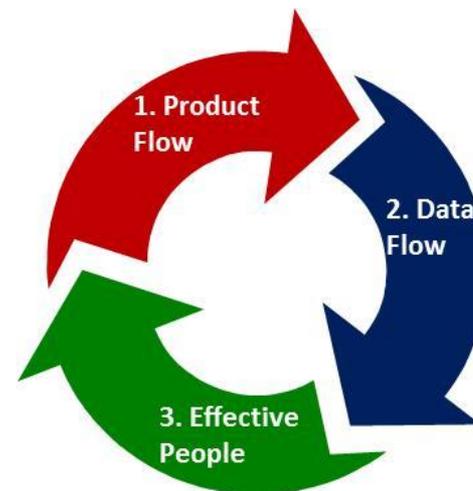
- Effective **national level coordination** and **routine quantification** are key to mobilizing sufficient funding to result in timely procurement and distribution
- Effective supply chains require the support of **Strong Organisations** at all levels



Without these prerequisites in place, the community health supply chain cannot achieve high product availability on its own.



Malawi has implemented...



1. A **demand based** resupply system
2. Leveraging a **customized mHealth tool** called cStock
3. Bolstered by a **teamwork and a rewards and recognition programme**

Malawi Intervention: The Enhanced Management Approach (cStock and DPATs)



Addressed data visibility challenges by implementing an **mHealth system** called **cStock**...



And paired it with a team-based, goal focused approach for supply chain improvement, **District Product Availability Teams (DPATs)**

cStock

- CHWs use their own basic GSM phones to report logistics data monthly
- System calculates resupply quantities for HCs to prepack
- Provides management reports via easy-to-use, web-based dashboard

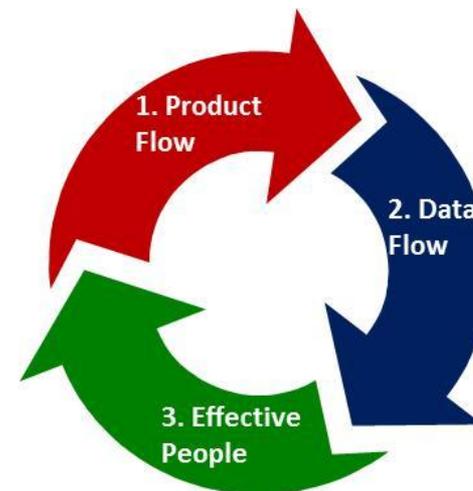
DPATs

- Product availability teams made up of CHWs, HC and district staff and set combined performance goals
- Teams use structured approach for problem solving and action planning
- Recognise and reward supply chain performance and achievements

Results

- ✓ **62%** of CHWs had the 4 tracer drugs* in stock DOV (compared to 27% BL)
- ✓ HSAs in districts using cStock had **14% fewer stock outs or low stocks** than other districts
- ✓ More than **80% of CHWs** report logistics data every month (vs. 43% at BL)
- ✓ **91% of Drug Store in Charges** use stock to inform resupply quantities
- ✓ 56% of CHW supervisors use cStock data for performance monitoring
- ✓ 92% of CHW Supervisors know their recognition plan

Rwanda has implemented...



1. A **demand based** resupply system
2. Leveraging a **manual** data collection process
3. Bolstered by a **teamwork and an incentives/motivation programme**



Rwanda Intervention: Standard Resupply Procedures and Quality Collaboratives



Addressed data visibility challenges by implementing simple **standardized resupply procedures (RSPs)**...



And paired them with **Quality Improvement Teams (QITs)** to test innovations and generate local best practices that can be shared

RSPs

- CHWs provide stock on hand data to Cell Coordinators (CCs)
- CCs use resupply “calculator” to determine resupply quantities
- HCs collect resupply worksheets from 10-15 CCs instead of 100+ CHWs to fill orders
- CCs collect products and distribute to CHWs

Quality Collaboratives

- Quality Improvement Teams consisting of CCs, HC and district staff (coaches) aimed at implementing RSPs, and improving product availability
- CCs collect data during supervision
- QITs use data and structured approach to problem solving and action planning

Results

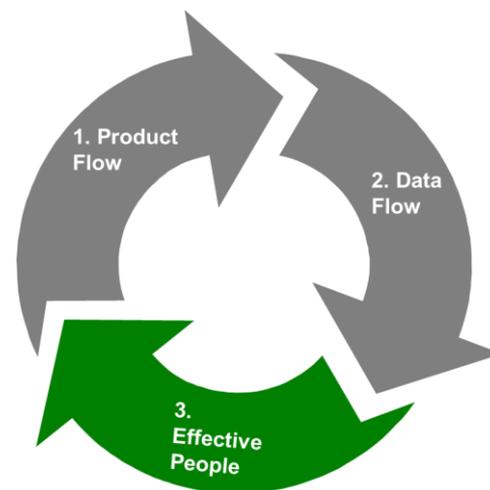
- ✓ Intervention groups in Rwanda had **22%** greater product availability than the comparison group
- ✓ **99% CCs** report no problems completing resupply worksheets
- ✓ 75% of expected members attended quality improvement team meetings
- ✓ Greater than **90%** availability of stock cards for most products



Ethiopia has implemented...

Ethiopia is **currently transitioning** to a **demand based resupply system**.

Therefore, SC4CCM focused on strengthening the system through Effective People initiatives.



3. Ready Lesson/Problem Solving (RL/PS) **training approach** in conjunction with **roll out support**

Ethiopia Intervention Overview and Results

Ethiopia focused on **supply chain fundamentals training** (RL/PS) and **roll out support**...



Ready Lessons/Problem Solving (RL/PS)

- Short, self-contained lessons that can be used individually or in combination
- Focuses on supply chain best practices and structured problem solving



Roll Out Support

- Leadership involvement in roll out of RL/PS
- Includes visits to confirm training, view activities in action, assess progress

Results

- ✓ **54% of CHWs** surveyed across all groups had been trained, a five-fold increase over baseline.
- ✓ Training coverage was higher in intensive areas, with **84% of CHWs** trained where HC staff received roll out support.
- ✓ CHW Competency varied by task. On average CHWs scored
 - Highest for starting a bin card (**85%**) and lower for the most complicated skill of completing the Health Post Monthly Report and Resupply form (**49%**).
- ✓ **77% of CHWs** in Ethiopia knew they should submit reports to the health centres compared to 5% at baseline.

Translating Evidence Into Action: Country Scale Up Packages.

MOH and partners in all three countries developed consensus on elements of intervention to implement nationally based on review of effectiveness, affordability and value of intervention

Scale Up Packages

Malawi



Entire EM package (cStock plus DPATs), modified slightly through lessons acquired during implementation is being scaled up to all 29 districts. MOH leading a consortium of partners committed to the scale up, including WHO, Save the Children

Rwanda



RSPs and the the quality improvement team component of QCs are being scaled up to all 30 districts. MOH has integrated training for RSPs and QITs into integrated training package for CHWs. Learning sessions and two tools from QC intervention discarded based on cost considerations and lessons acquired during implementation

Ethiopia

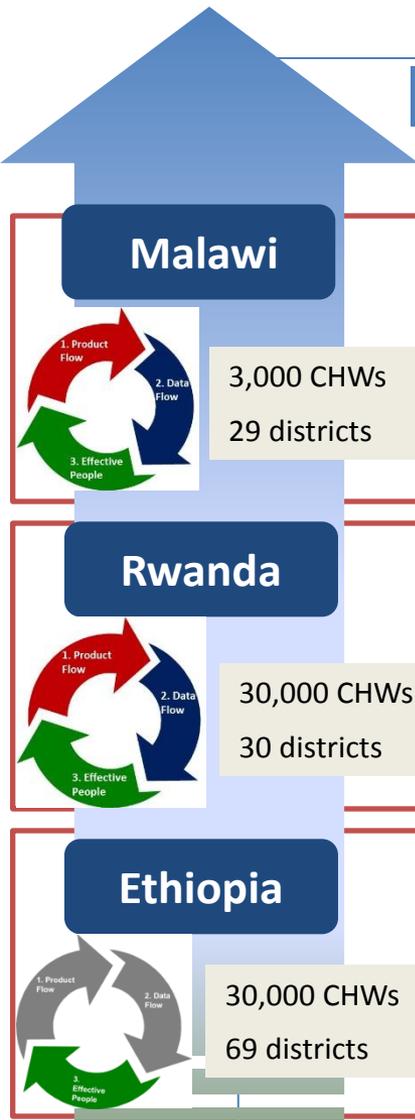


The national training curriculum for IPLS for HEWs has been revised to incorporate a group training approach based on modular lessons and inclusion of problem solving skills for health center staff. The modified curriculum is being rolled out to 300 of the remaining HCs.



Achieving the greatest supply chain benefits will require an investment in time and money, costs will depend on system structure

Long term cost/benefits not known yet; potential for Malawi to have low cost/benefit ratio due to improved data and decision making as a result of cStock

		Extent of Benefits Achieved...			Design & Start-Up Costs
		Product Flow	Data Flow	Effective People	
	Malawi  <p>3,000 CHWs 29 districts</p>	High Reduced stockouts	High Visibility at all levels, Data used for resupply	High Trained, motivated CHWs, Functional teams	+++ . Highest cost and level of effort to design, implement. <u>Cost factors</u> : training CHWs directly; monthly SMS fees, system maintenance
	Rwanda  <p>30,000 CHWs 30 districts</p>	High Improved product availability	Medium Data used for resupply	High Trained, motivated CHWs, Functional teams	++ . Mid-level cost and effort to design, implement. <u>Cost factors</u> : allowances/incentives; savings by training CCs only using cascade method.
	Ethiopia  <p>30,000 CHWs 69 districts</p>	N/A	N/A	Medium Trained, motivated CHWs	+ . Lowest cost and effort for design and implementation. <u>Cost factors</u> : supervision; savings by training and empowering HC staff to train CHWs and problem solve

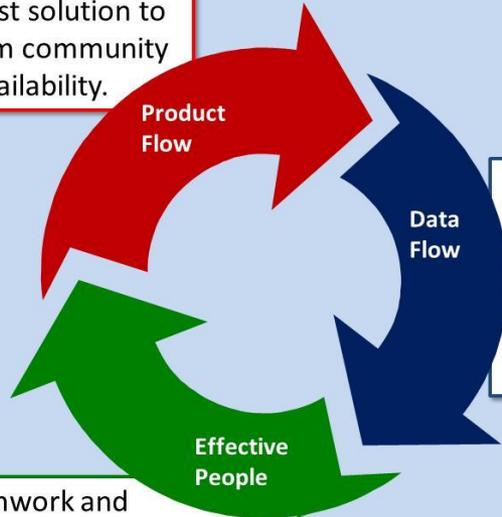


Where do we go from here?



1 What We Have Learned

A demand based resupply system is the best solution to ensure long-term community level product availability.



Automating data collection provides more accurate and timely information for decision making.

Ensuring teamwork and motivation makes your demand based resupply system sustainable.

2 How to Drive Change

The SC4CCM Manager's Tool

- Strategically guides decision making, providing a focused approach to improving your supply chain
- Highlights proven innovations and outlines key learning from prior work

3 How to Learn More

For more information on **SC4CCM** and **the Manager's Tool** contact:

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