



Supply Chains 4 Community Case Management

Using a Theory of Change for Project Planning, Implementation and M&E



SC4CCM Project Goal

To find simple, affordable, sustainable supply chain solutions to address the unique challenges faced by community health workers

But ...

We had to start by establishing what the most important challenges were



Using a TOC as a Technical Framework for Planning & Implementation

- Defining the important contributing factors for achieving the goal (**five main preconditions**)
- Conducting a **baseline survey** to characterize performance of each precondition
- Using data to **diagnose the important bottlenecks** in the supply chain
- Designing interventions that **prioritize the most effective pathway** to achieving improvements

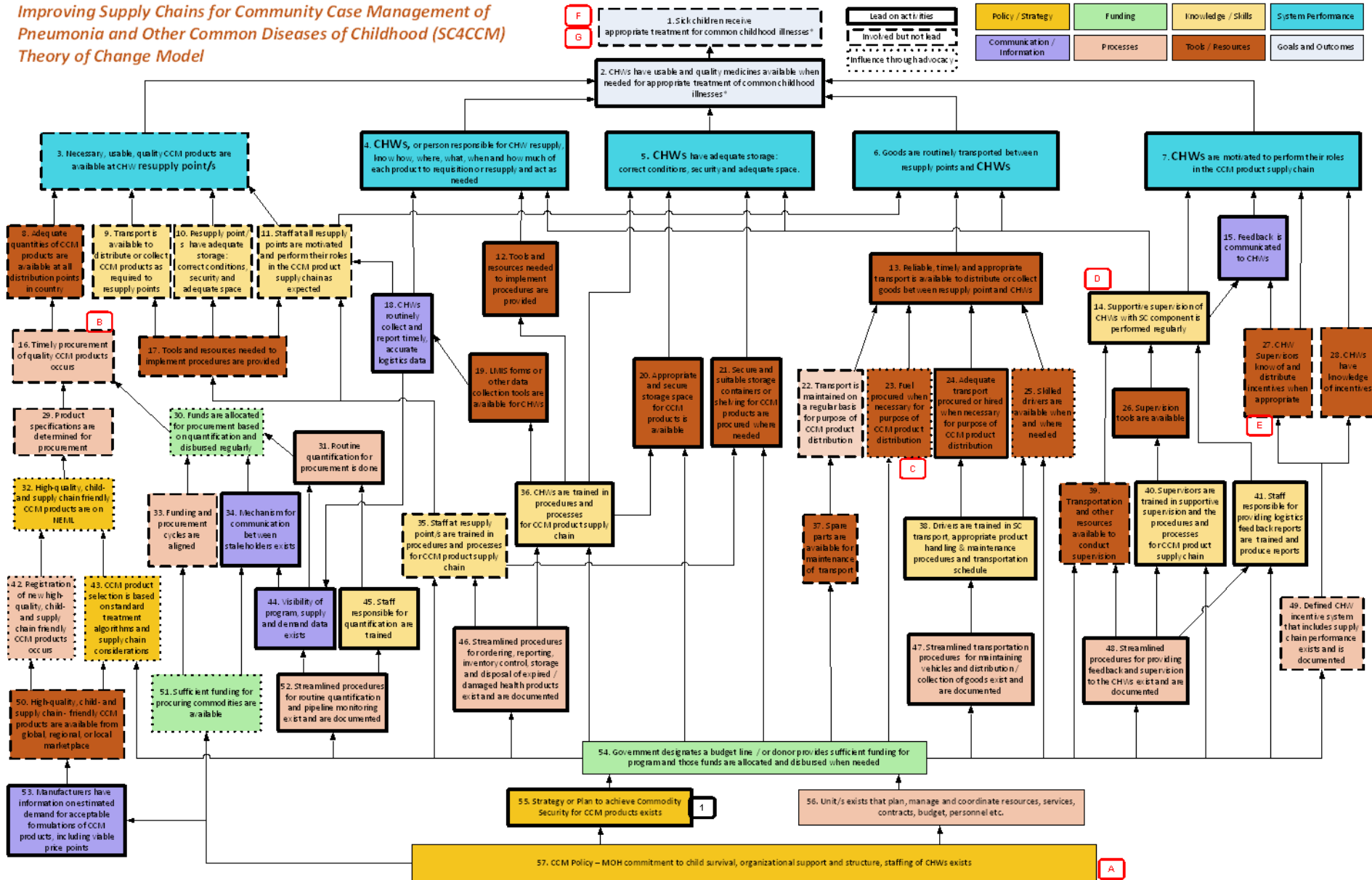


SC4CCM Project TOC



JSI Research & Training Institute, Inc.

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



SC4CCM Main Preconditions

Derived from
the main
country level
objective and
immediate
preconditions

GOAL LEVEL 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.

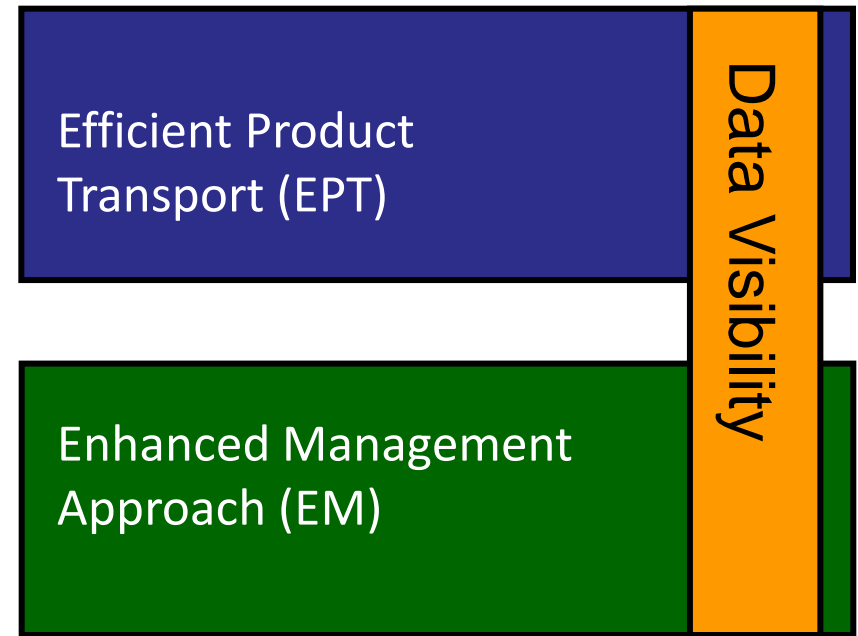
Precondition 4:
Goods are routinely
transported
between resupply
points and **CHWs**

Precondition 5:
CHWs are motivated
to perform their roles
in the CCM product
supply chain



Planning & Implementation in Malawi

Mapping baseline results to the TOC helped identify **transport**, **data visibility/knowledge of resupply**, and **motivation** as the most important system weaknesses to address



Interventions were then designed to address all these bottlenecks, with **steps in the causal pathway** identified to guide implementation





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Sick children receive appropriate treatment for common childhood illnesses*

Lead on activities
Involved but not lead
Influence through advocacy

Enhanced Management Intervention
Transport Intervention
Data Visibility Intervention
Exiting interventions or national/global initiatives by SC4CCM

System Performance
Goals and Outcomes

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

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

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

4. Goods are routinely transported between resupply points and CHWs

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

6. Adequate quantities of CCM products are available at all distribution points in country
7. Transport is available to distribute or collect CCM products as required to resupply points
8. Resupply point/s have adequate storage: correct conditions, security and adequate space
9. Staff at all resupply points are motivated and perform their roles in the CCM product supply chain as expected

10. Tools and resources needed to implement procedures are provided

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

12. Feedback is communicated to CHWs

15. Timely procurement of quality CCM products occurs
16. Tools and resources needed to implement procedures are provided

13. CHWs routinely collect and report timely, accurate logistics data

17. LMS forms or other data collection tools are available for CHWs

18. Appropriate and secure storage space for CCM products is available
19. Secure and suitable storage containers or shelving for CCM products are procured where needed

20. Transport is maintained on a regular basis for purpose of CCM product distribution
21. Fuel procured when necessary for purpose of CCM product distribution
22. Adequate transport procured or hired when necessary for purpose of CCM product distribution
23. Skilled drivers are available when and where needed

24. Supervision tools are available
25. CHW Supervisors know of and distribute incentives when appropriate
26. CHWs have knowledge of incentives

27. Product specifications are determined for procurement
28. Funds are allocated for procurement based on quantification and disbursed regularly

29. Routine quantification for procurement is done

33. Staff at resupply point/s are trained in procedures and processes for CCM product supply chain

34. CHWs are trained in procedures and processes for CCM product supply chain

35. Spare parts are available for maintenance of transport
36. Drivers are trained in SC transport, appropriate product handling & maintenance procedures and transportation schedule

37. Transportation and other resources are available to conduct supervision
38. Supervisors are trained in supportive supervision and the procedures and processes for CCM product supply chain
39. Staff responsible for providing logistics feedback reports are trained and produce reports

40. Registration of new high-quality, child- and supply chain friendly CCM products occurs
41. CCM product selection is based on standard treatment algorithms and supply chain considerations

42. Visibility of program, supply and demand data exists
43. Staff responsible for quantification are trained

44. Streamlined procedures and budget for ordering, reporting, inventory control, storage and disposal of expired / damaged health products exist and are documented

45. Streamlined transportation procedures and budget for maintaining vehicles and distribution / collection of goods exist and are documented

46. Streamlined procedures and budget for providing feedback and supervision to the CHWs exist and are documented

47. Defined CHW incentive system that includes supply chain performance exists and is documented

48. High-quality, child- and supply chain - friendly CCM products are available from global, regional, or local marketplace
49. Sufficient funding for procuring commodities are available

50. Streamlined procedures and budget for routine quantification and pipeline monitoring exist and are documented

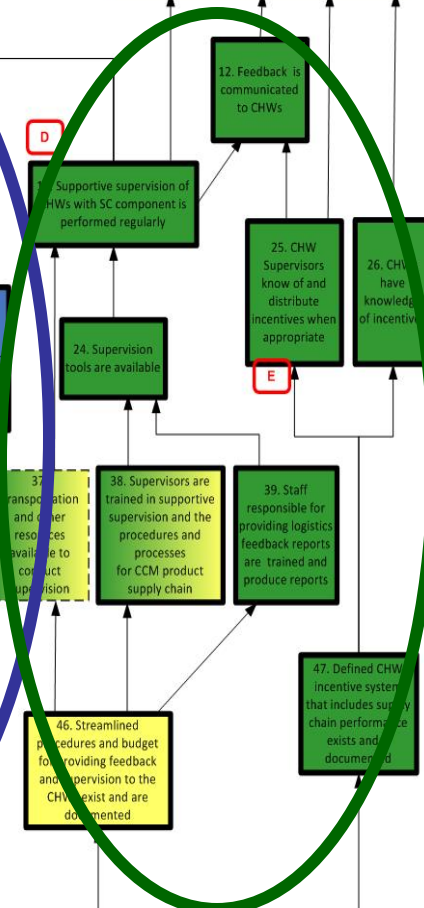
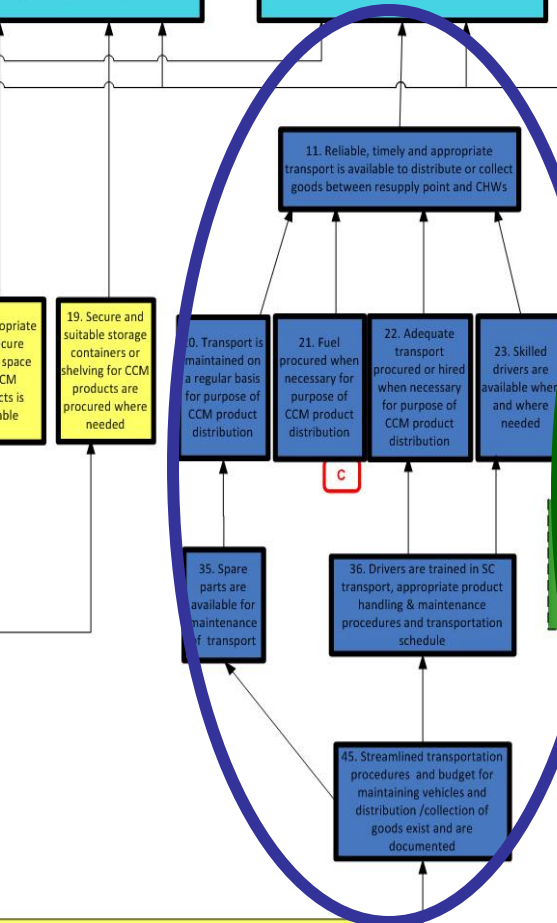
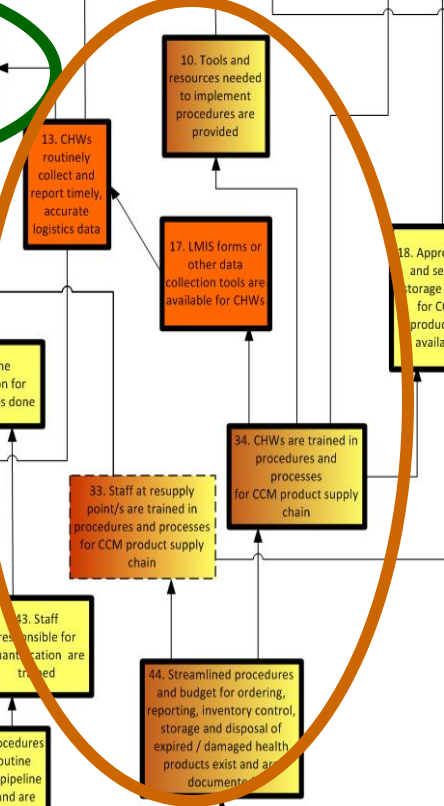
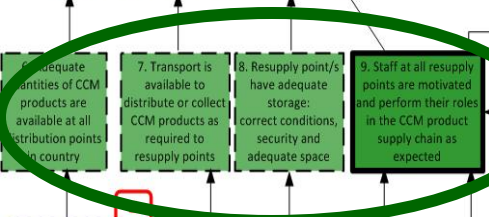
52. Budget line or sufficient funding is designated for program and those funds are allocated and disbursed when needed

53. Strategy or Plan to achieve Commodity Security for CCM products exists

54. Unit/s exists that plan, manage and coordinate resources, services, contracts, budget, personnel etc.

51. Manufacturers have information on estimated demand for acceptable formulations of CCM products, including viable price points

55. CCM Policy - MOH commitment to child survival, organizational support and structure, staffing of CHWs exists



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Planning & Implementation in Rwanda, Ethiopia

- SC4CCM used the same process to design interventions and develop country specific TOCs for Ethiopia and Rwanda
- The TOC serves as a guide to ensure that implementation includes all elements of the intervention causal pathway

Once each intervention was rolled out, progress is measured using monitoring data, again guided by the TOC



Using the TOC for M&E

- A TOC is a **hypothesis** (for project or country), and a road map for determining ‘what do we need to know?’
- Like other frameworks, TOC is used for **indicator development**
 - ‘Main’ preconditions ~ ‘Core’ indicators
 - Each precondition ~ 1 or more indicators
- TOC causal pathways show **relationships** between indicators
- **Assumptions** are stated explicitly, but may change



Country specific TOCs and M&E

TOC, indicators and narrative make up the country-specific **M&E Plans** in each country

Data from routine monitoring are:

- Reviewed in sequence with the TOC to identify where gaps are located in the chain of preconditions
- Used by teams to conduct an analysis and plan intervention support to address those gaps, aiming towards improving the higher preconditions

Midline and endline evaluations look at the **validity** of hypotheses



Challenges

Defining multiple (non-linear) relationships between preconditions

Determining the level of influence project work will have on each precondition

Determining which data are critical at interim stages, i.e. limiting amount of data collected for monitoring

Adapting TOC to drastic changes in assumptions during implementation period (i.e. Malawi)



Benefits of a TOC for Planning, Implementation, M&E for Supply Chains

- TOCs help define program indicators, diagram data relationships and evaluate hypotheses
- TOCs can be a useful tool for experienced supply chain managers even before having rigorous M&E data
 - Experience can be used to chart causal pathways, highlight interdependencies and identify likely bottlenecks and gaps
- TOCs offer supply chain managers a **level of precision** and a **structure** to facilitate prioritization that is missing from current approaches



Benefits of a TOC for Planning, Implementation, M&E for Supply Chains

- Learning: TOCs allows the project to document **how** and **why** change happens
- Linking improved product availability to any one intervention is difficult; measuring the degree of implementation in TOC causal pathways allows you to **connect intervention results to changes in product availability**



Thank you!

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