



Supply Chains **4** Community Case Management

CCM Supply Chain Baseline Assessment Ethiopia 2010



SC4CCM Project Goal

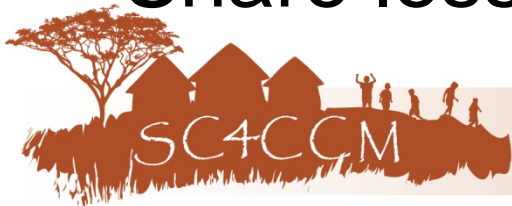
SC4CCM will **identify**, **demonstrate**, and **institutionalize** supply chain management practices that **improve the availability** and use of selected essential health products in community-based programs.

- In partnership with MOH, 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



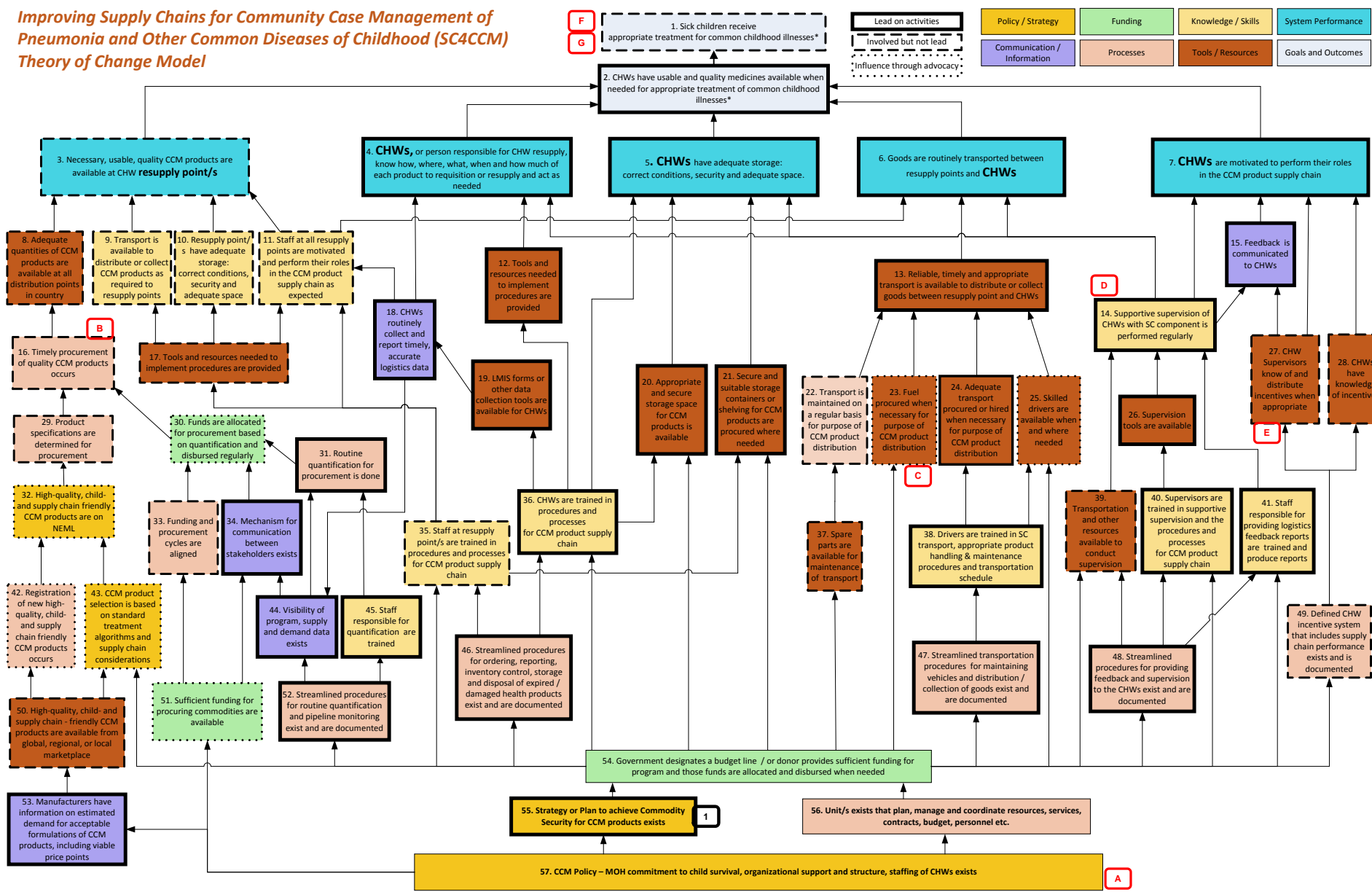
Principles – SC4CCM Theory of Change

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 Core Indicators

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



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

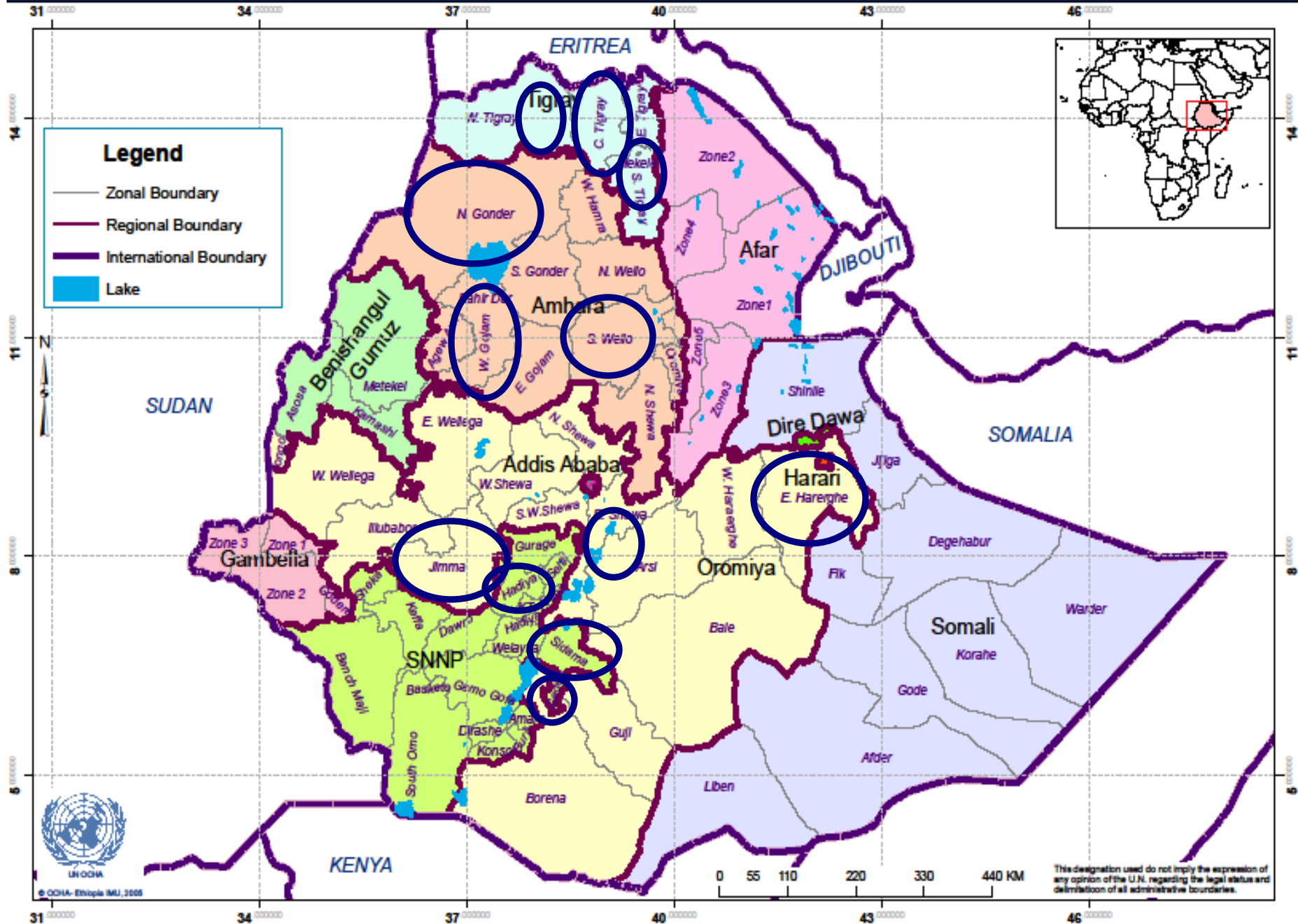


LIAT Sampling

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



This designation used do not imply the expression of any opinion of the U.N. regarding the legal status and delimitation of all administrative boundaries.

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)



Baseline Results by Core Indicators



Tracer Products

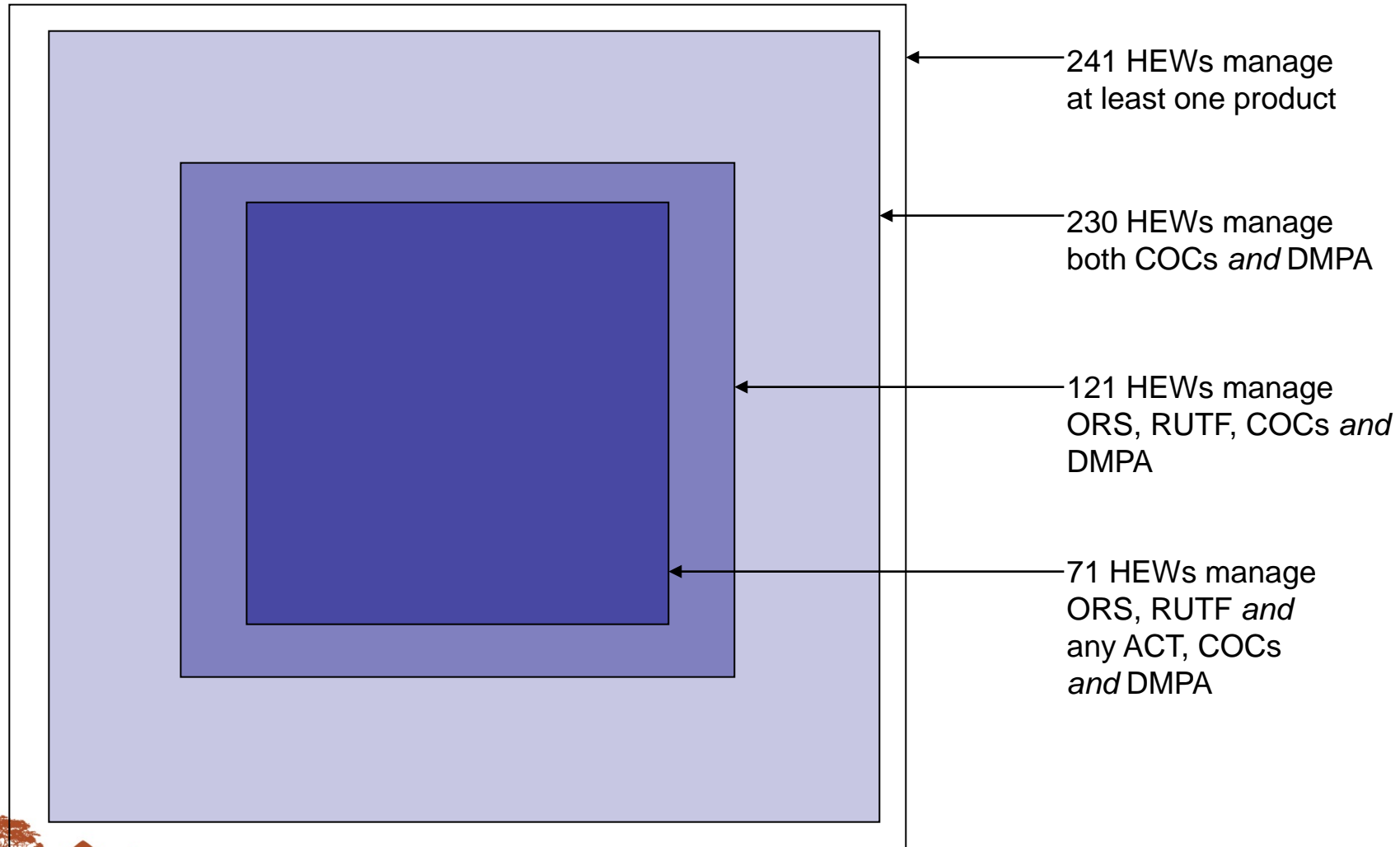


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1. cotrimoxazole 120mg tablets
2. cotrimoxazole 240mg/5ml suspension (bottles)
3. amoxicillin 250mg capsules
4. amoxicillin 125mg/5ml suspension (bottles)
5. Coartem (lumefantrine / artemether) 1 x 6 tablets
6. Coartem (lumefantrine / artemether) 2 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



Main Country Level Objective:

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

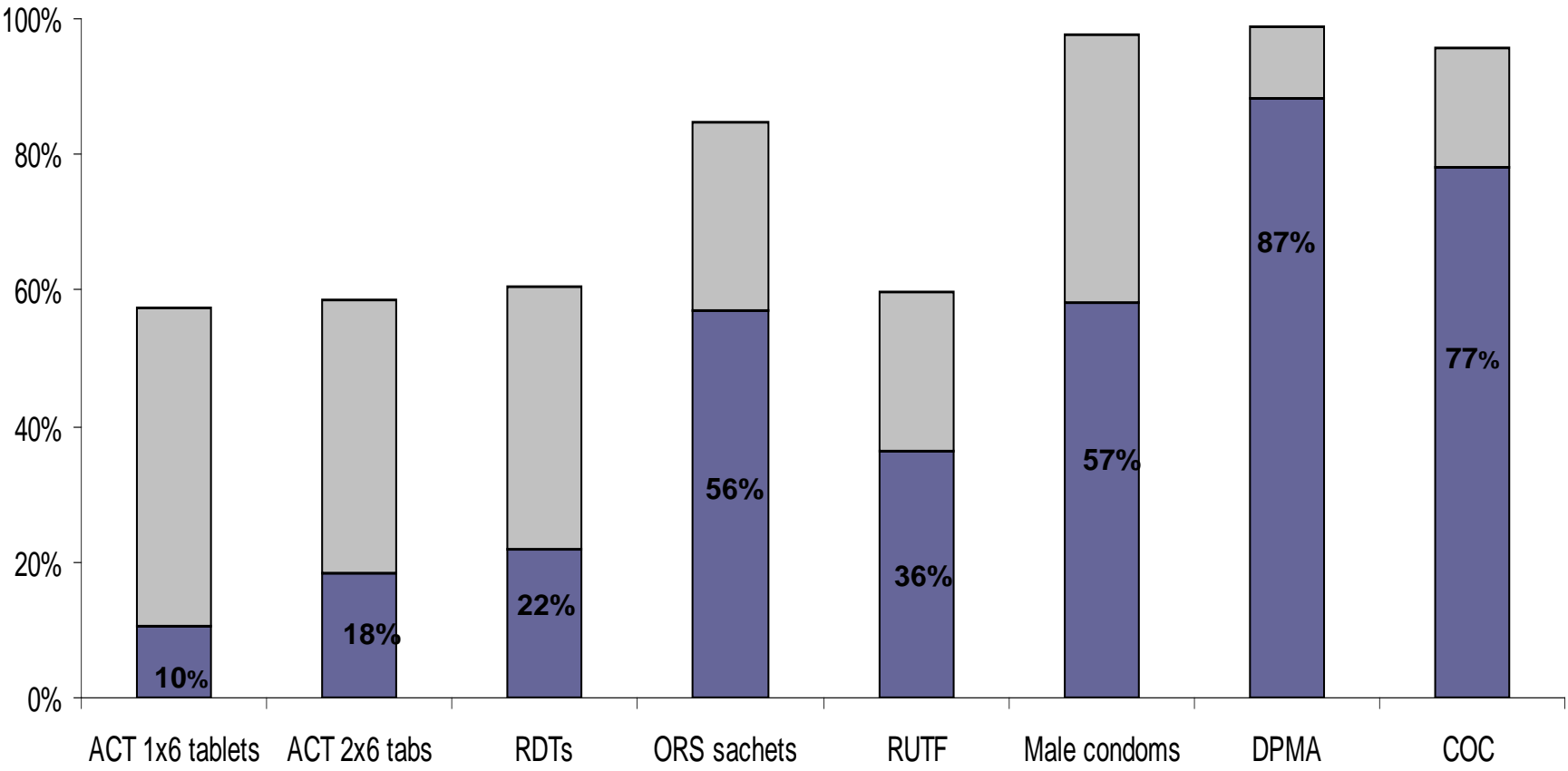


14 of 71 (**20%**) HPs with ORS, RUTF, COCs, DMPA and any ACT have them **all in stock**

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**

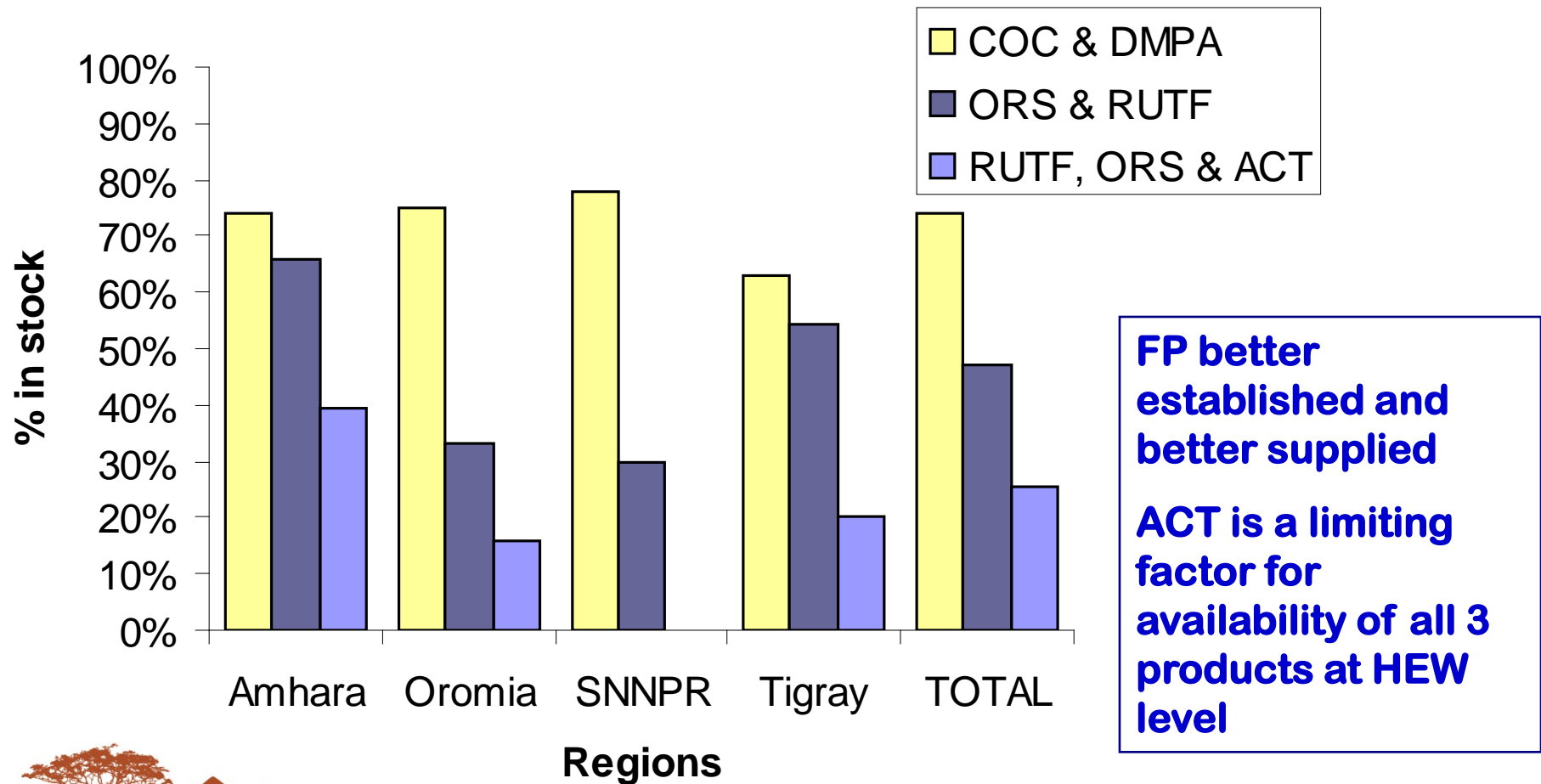
In Stock on DOV at HP by Product



■ % in stock ■ % who manage (n=241)



Regional Variations of In Stock Rates at HP Level



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:

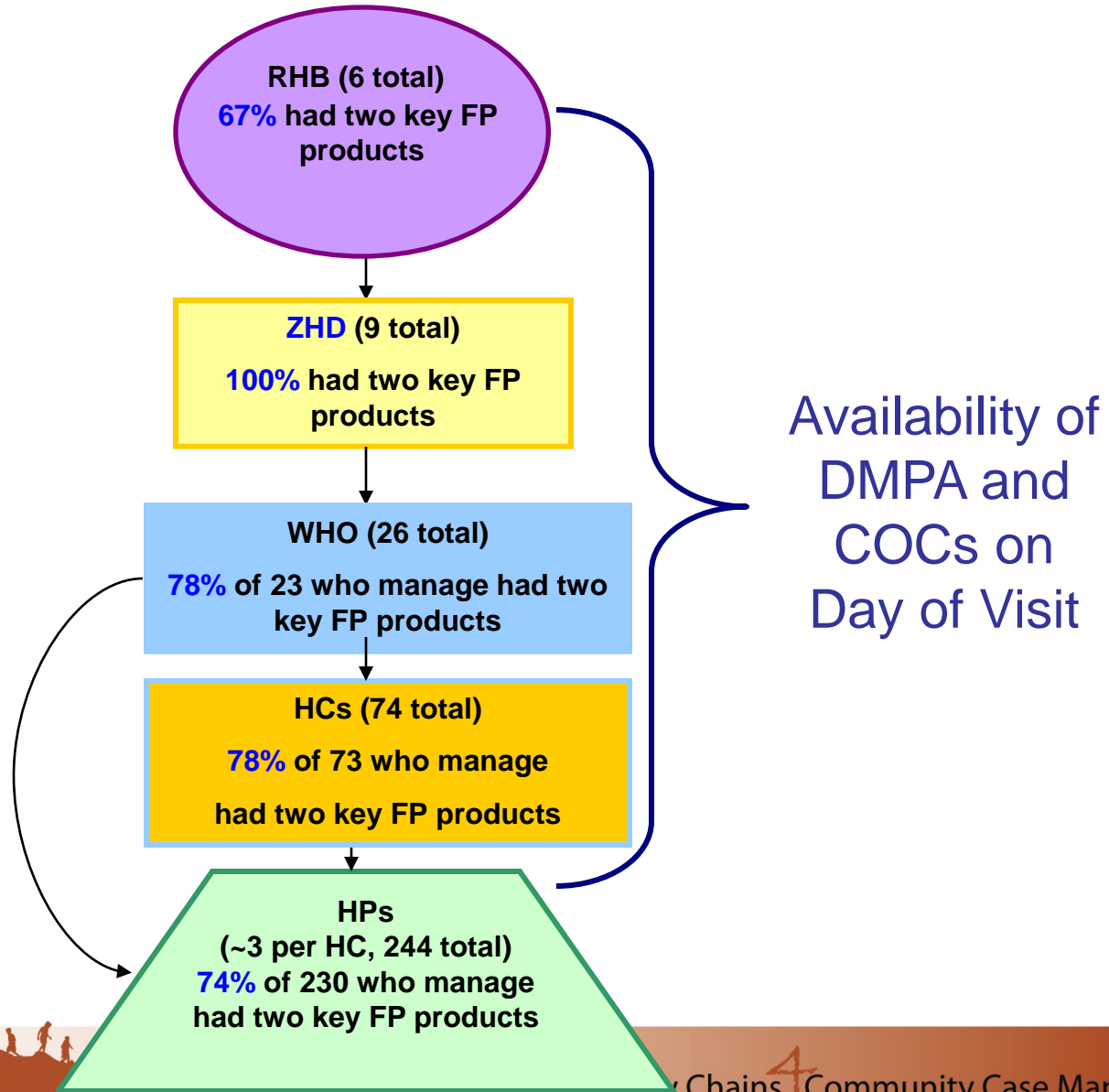
Necessary, usable, quality CCM products are available at HEW resupply point/s

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

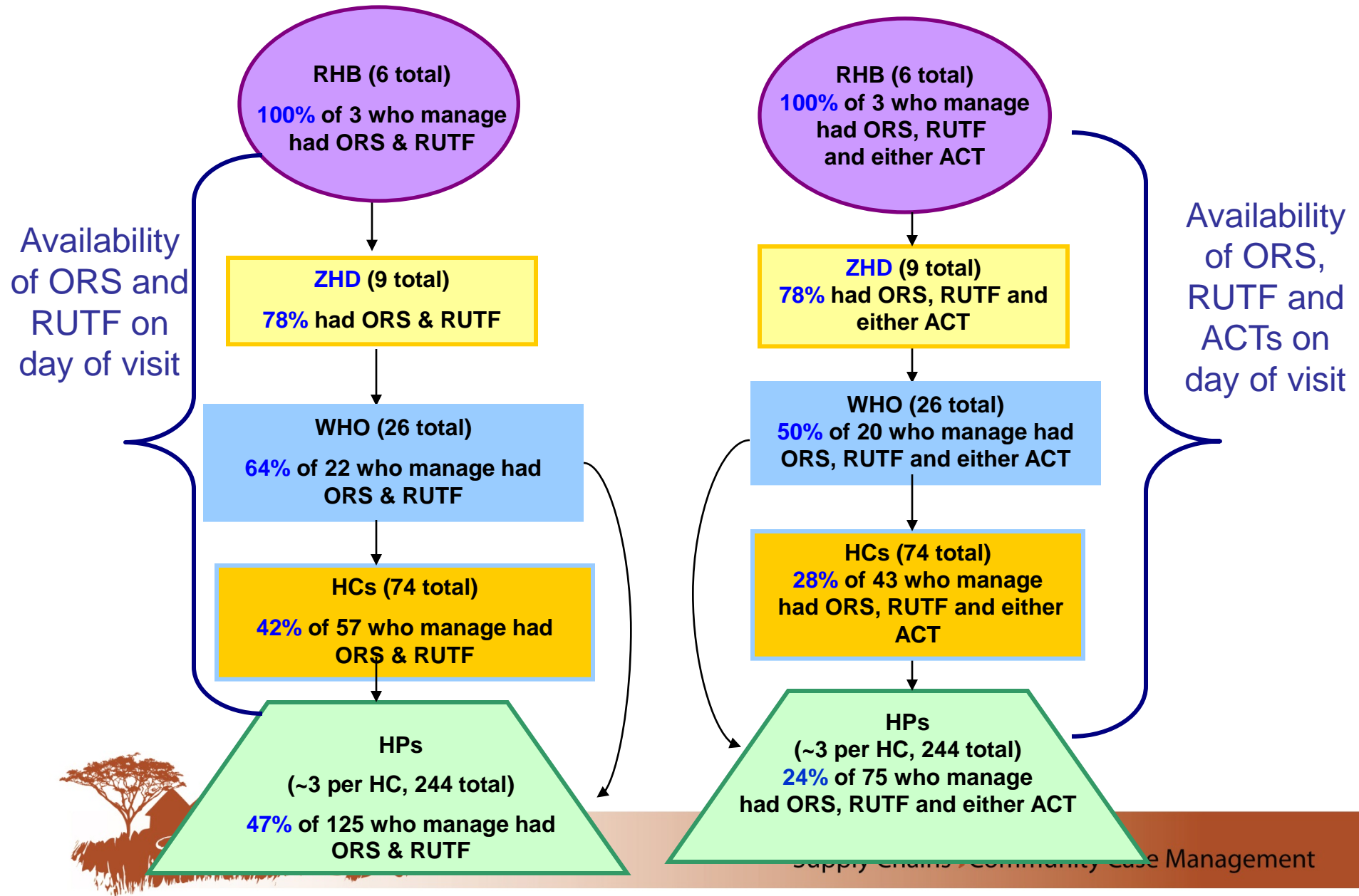
- DMPA
- COC (pills)
- RUTF
- ORS
- ACTs



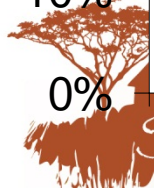
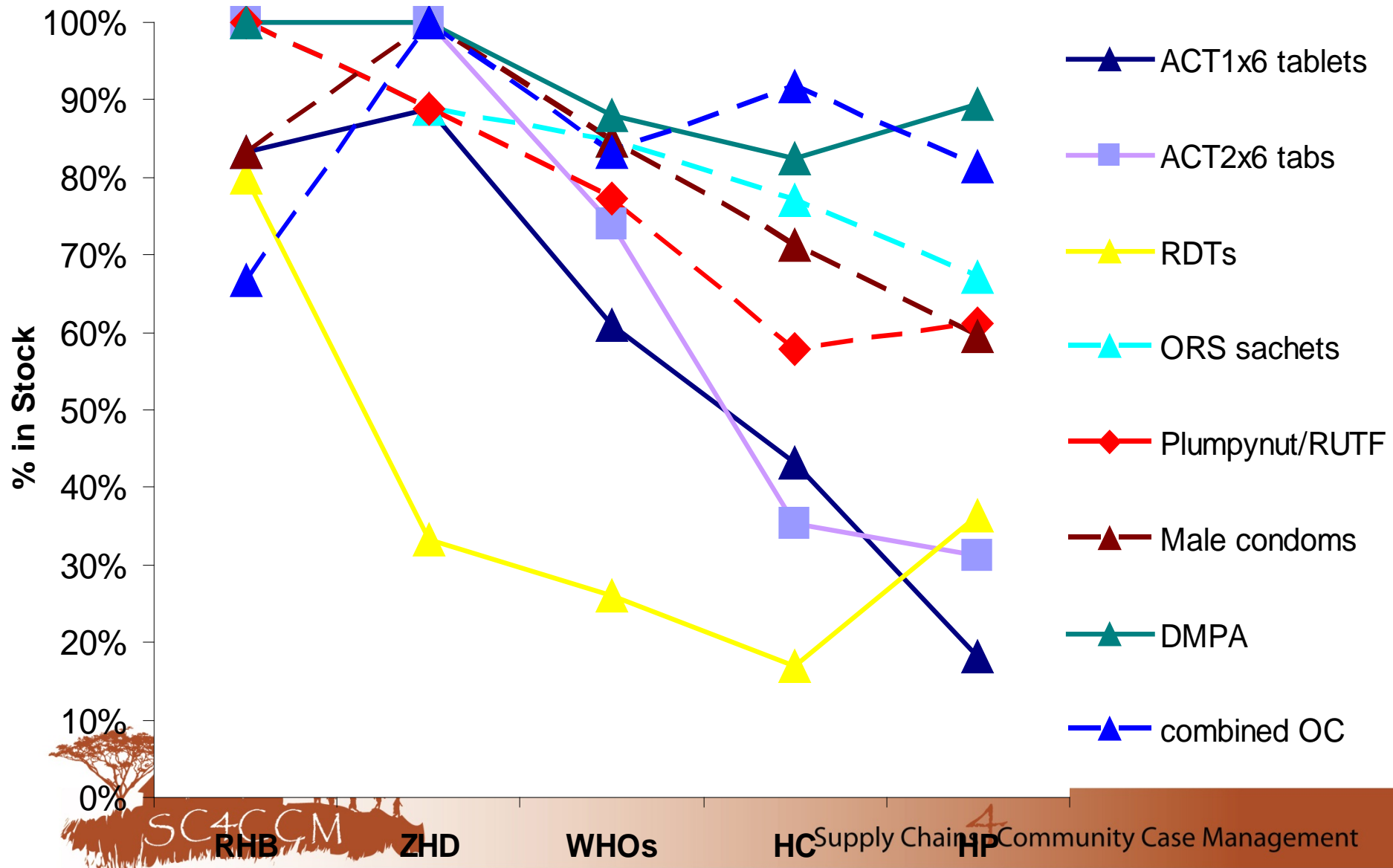
Product Availability at All Levels



Product Availability at All Levels

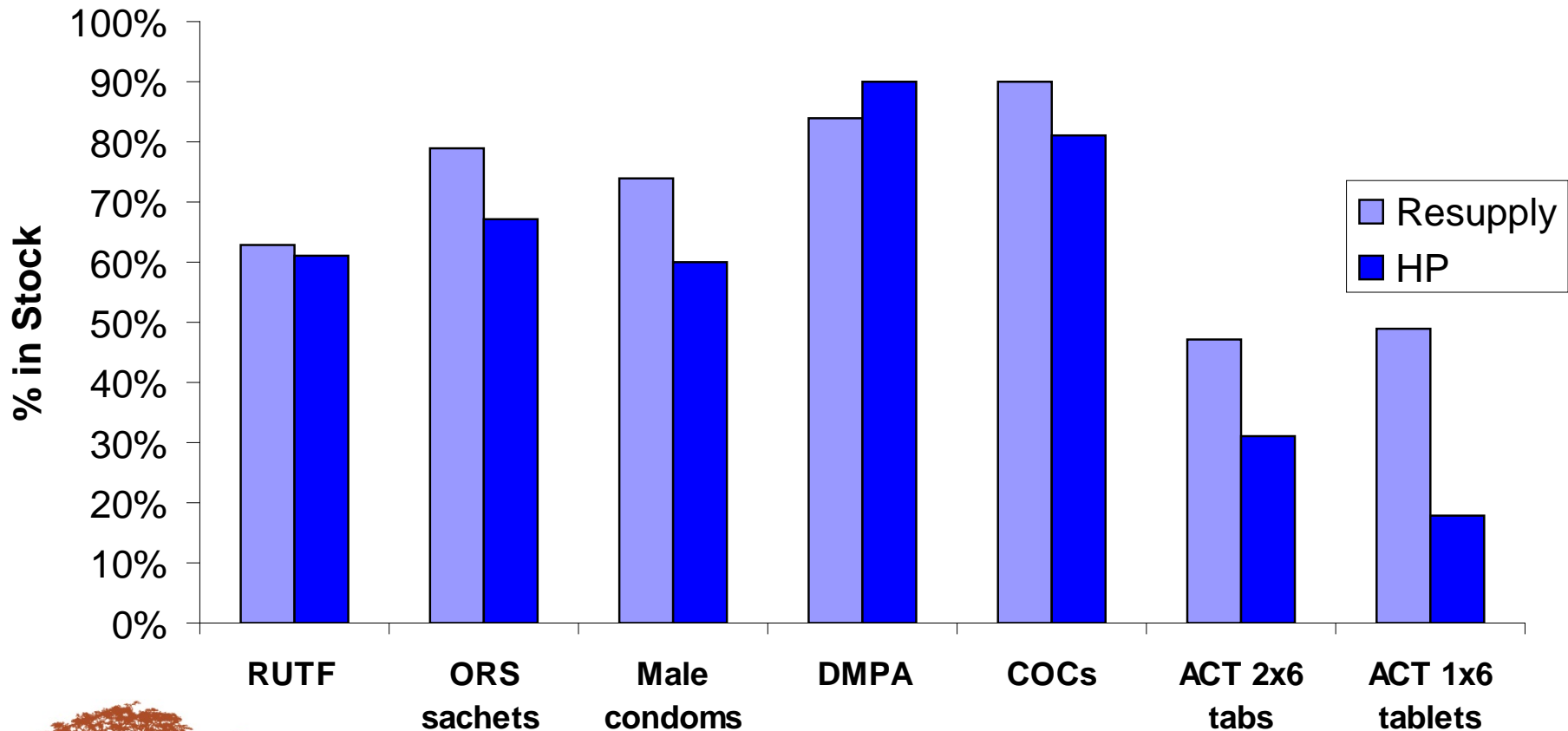


Product Availability at All Levels



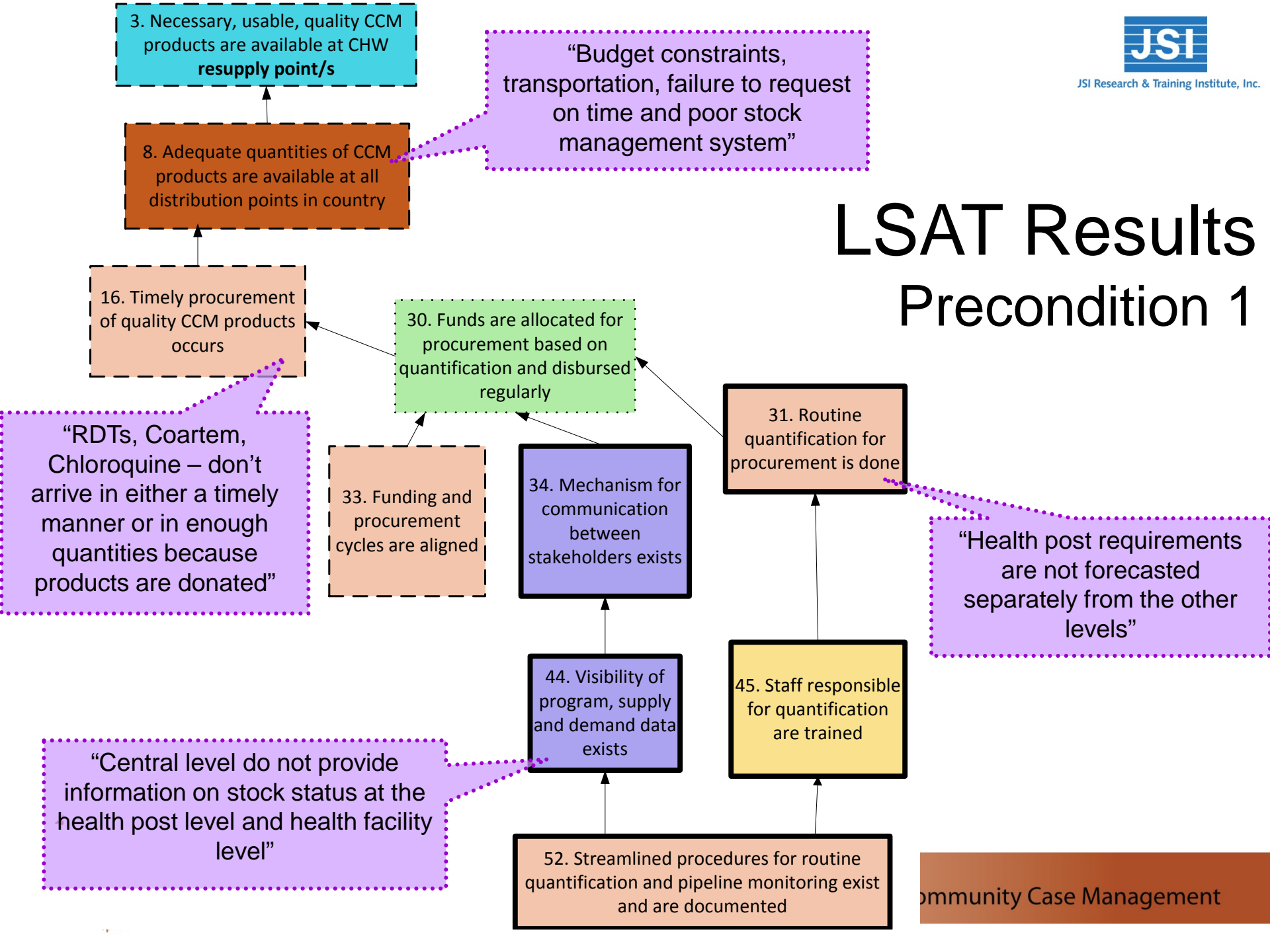
SC4CCM RHB ZHD WHO HC Supply Chain HP Community Case Management

% 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

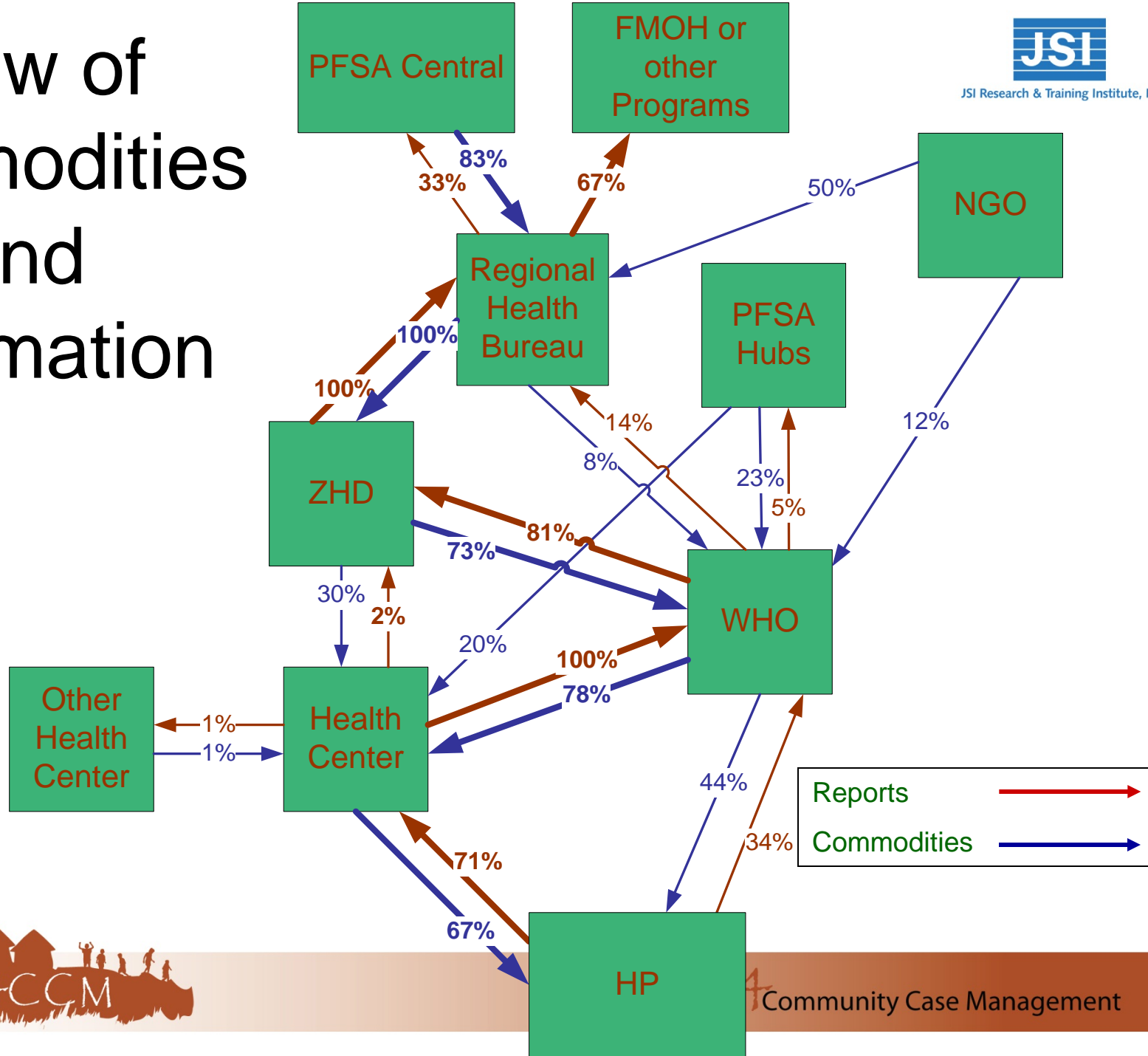
- Several distribution and information systems operate concurrently
- Supply chain capacity and skills are generally low, very little formal training reported
- Necessary tools to manage the logistics system are insufficient



Flow of Commodities and Information



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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 WHOOs
- 11% of HCs
- 8% of HPs

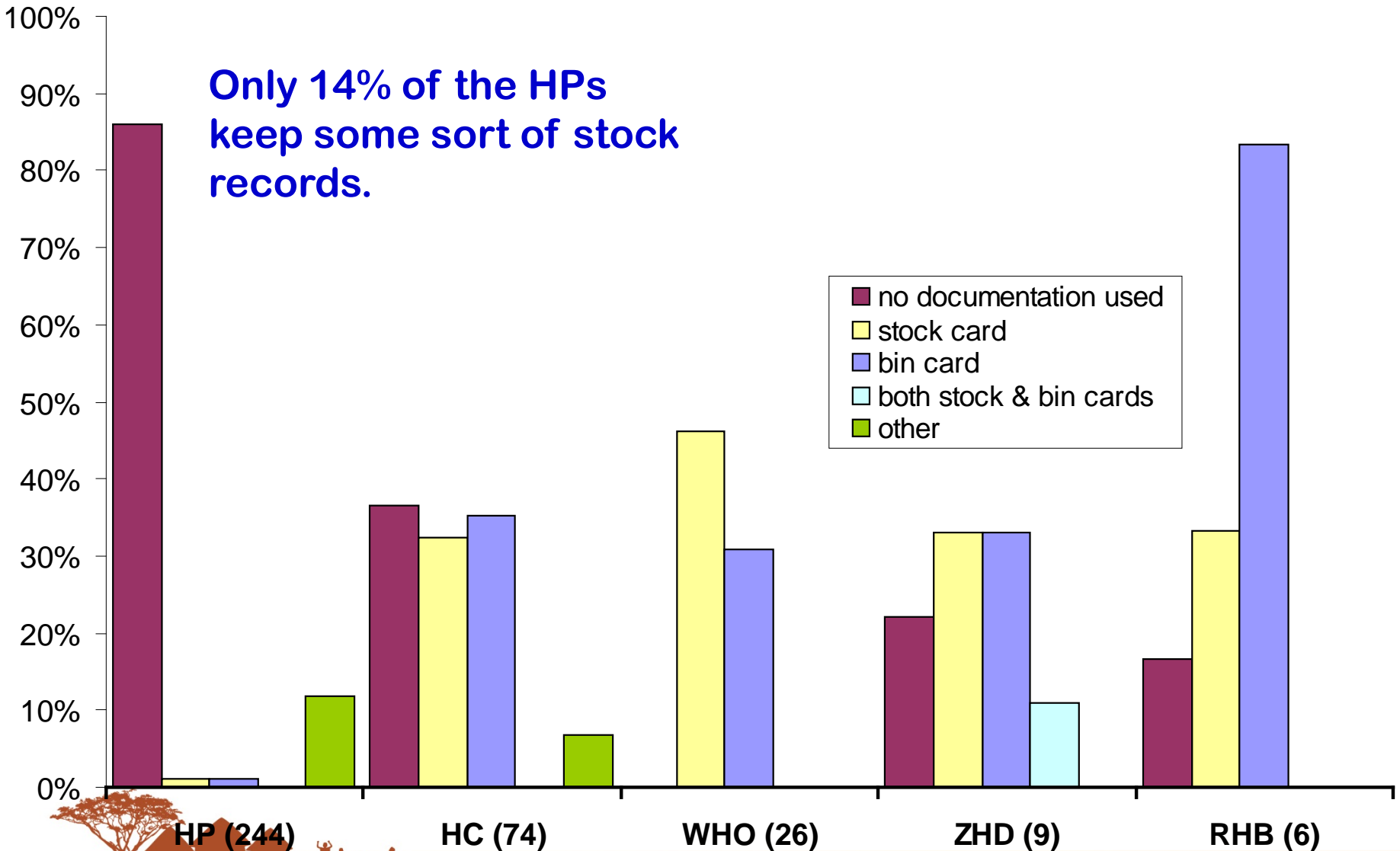
Key Message:

Very few facilities in the system have SOPs to reference

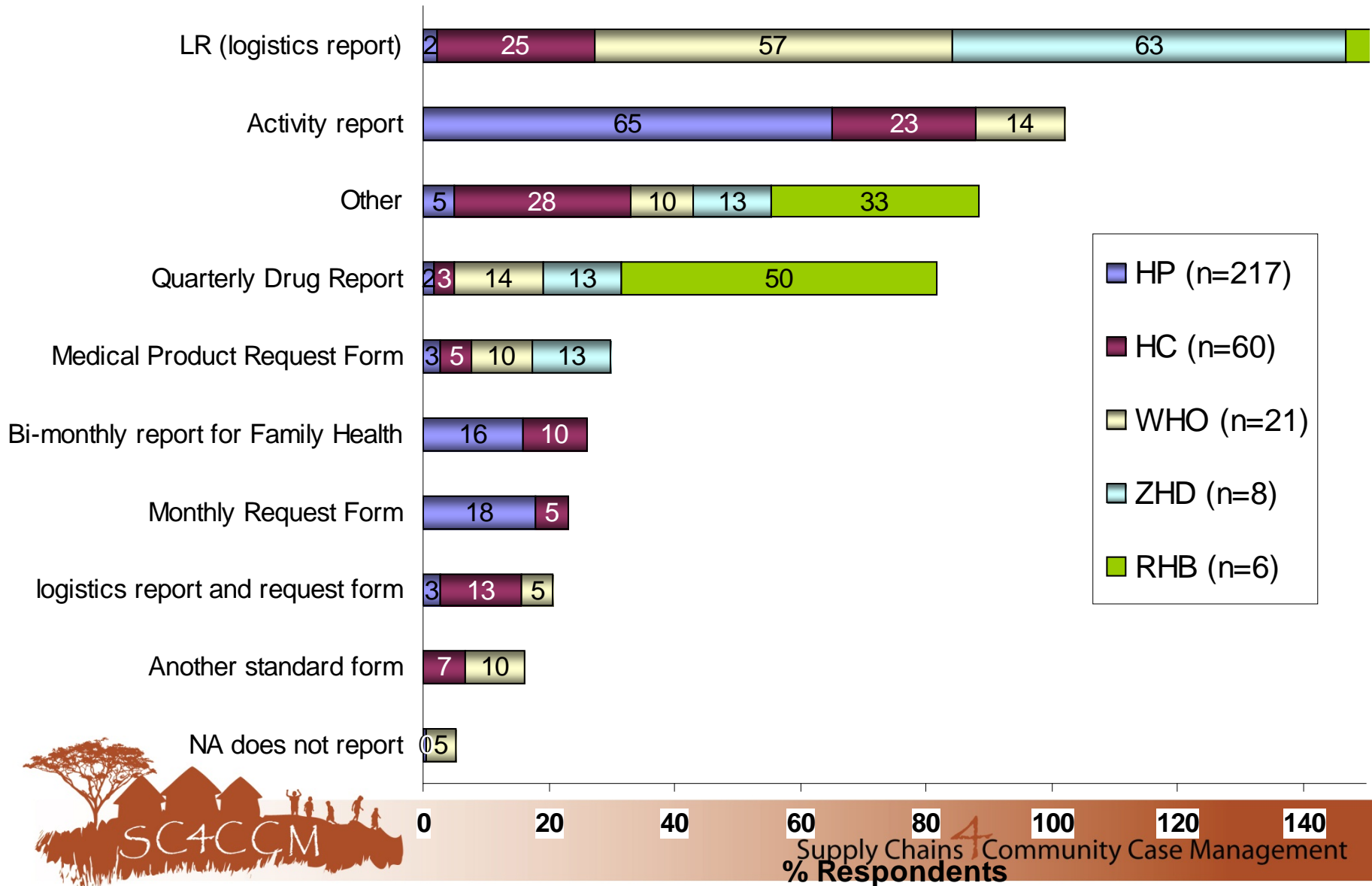


Stock Keeping Documentation

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

4. 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

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

12. Tools and resources needed to implement procedures are provided

19. LMIS forms or other data collection tools are available for CHWs

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

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

“HEWs do not collect dispensed-to-user data”

“No financing for logistics training for HEWs”

“Lack of standardization throughout the country”

ty Case Management

PRECONDITION 3:

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

Standards for appropriate storage conditions **fall short** at all levels but **need most attention** at HP and woreda level.



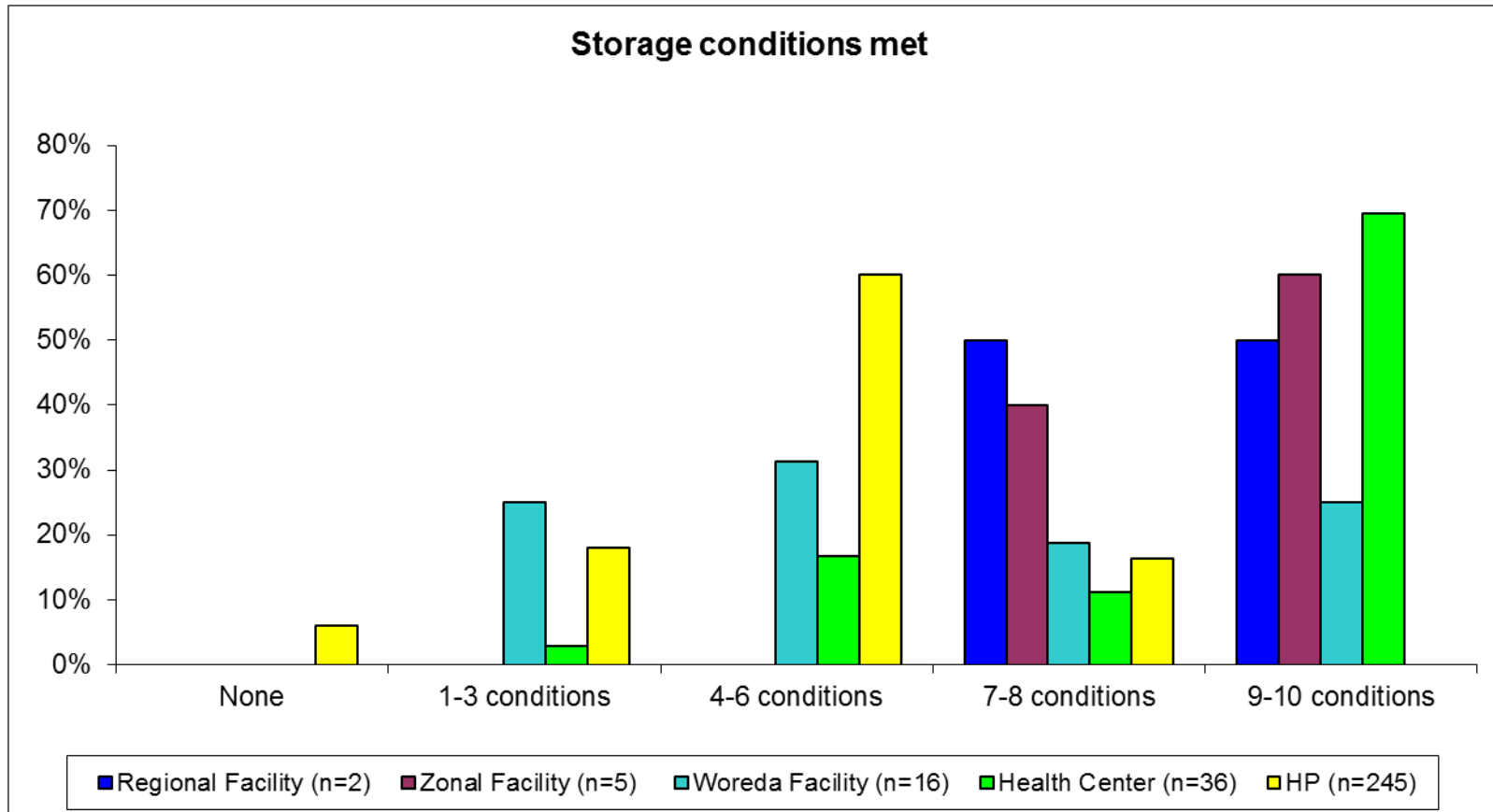
Satisfactory Storage Conditions

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



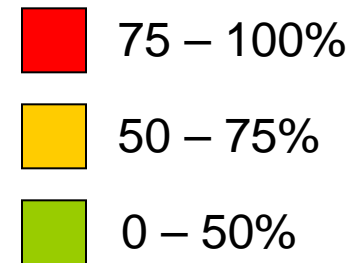
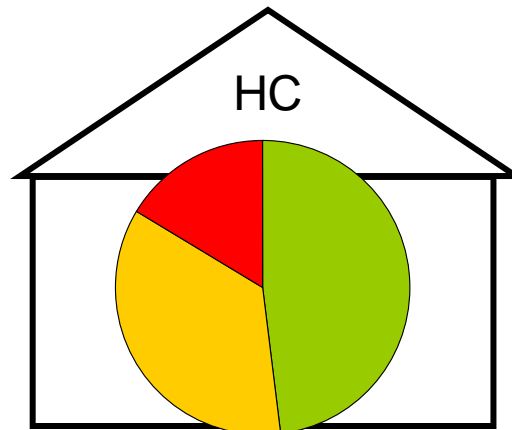
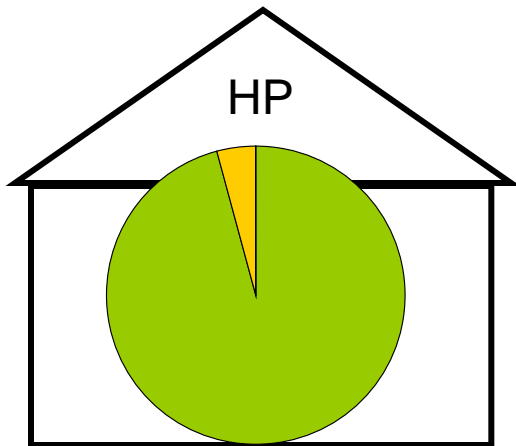
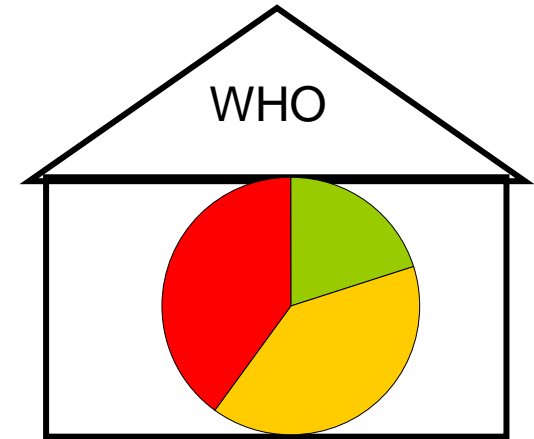
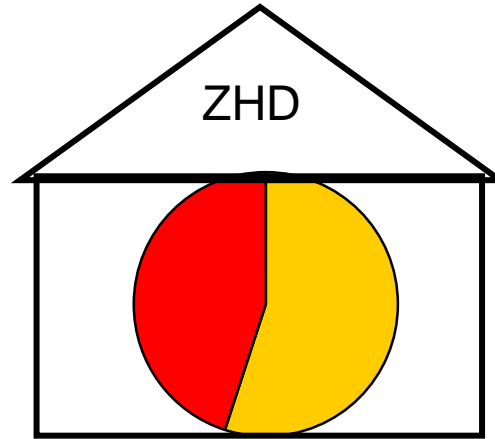
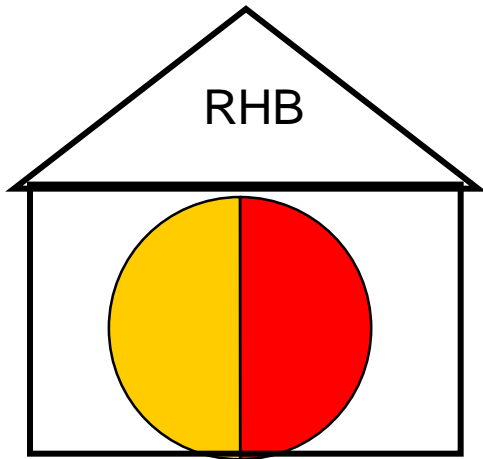
Adequate Storage Conditions



Note: Highest category for HPs is '7-8 conditions met' as 2 conditions were not included in their calculation. Cases who could not be assessed for any one condition were dropped from calculations



Fullness of Storage



LSAT Results Precondition 3

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

“HPs have
adequate storage
capacity”

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

“Insufficient
shelving at HPs”



PRECONDITION 4:

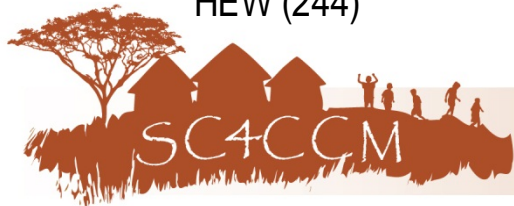
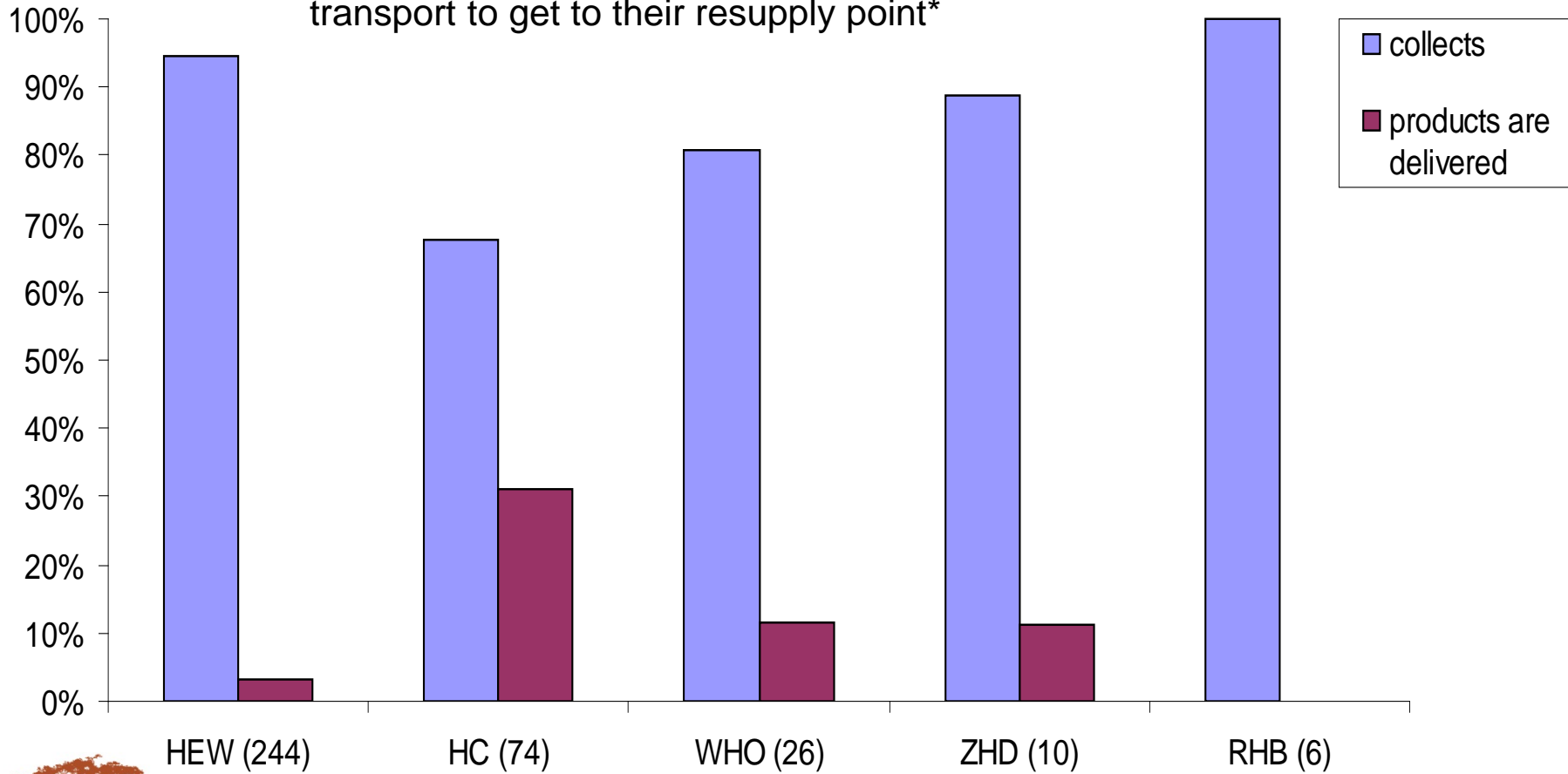
Goods are routinely transported between resupply points and **HEWs**

- 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

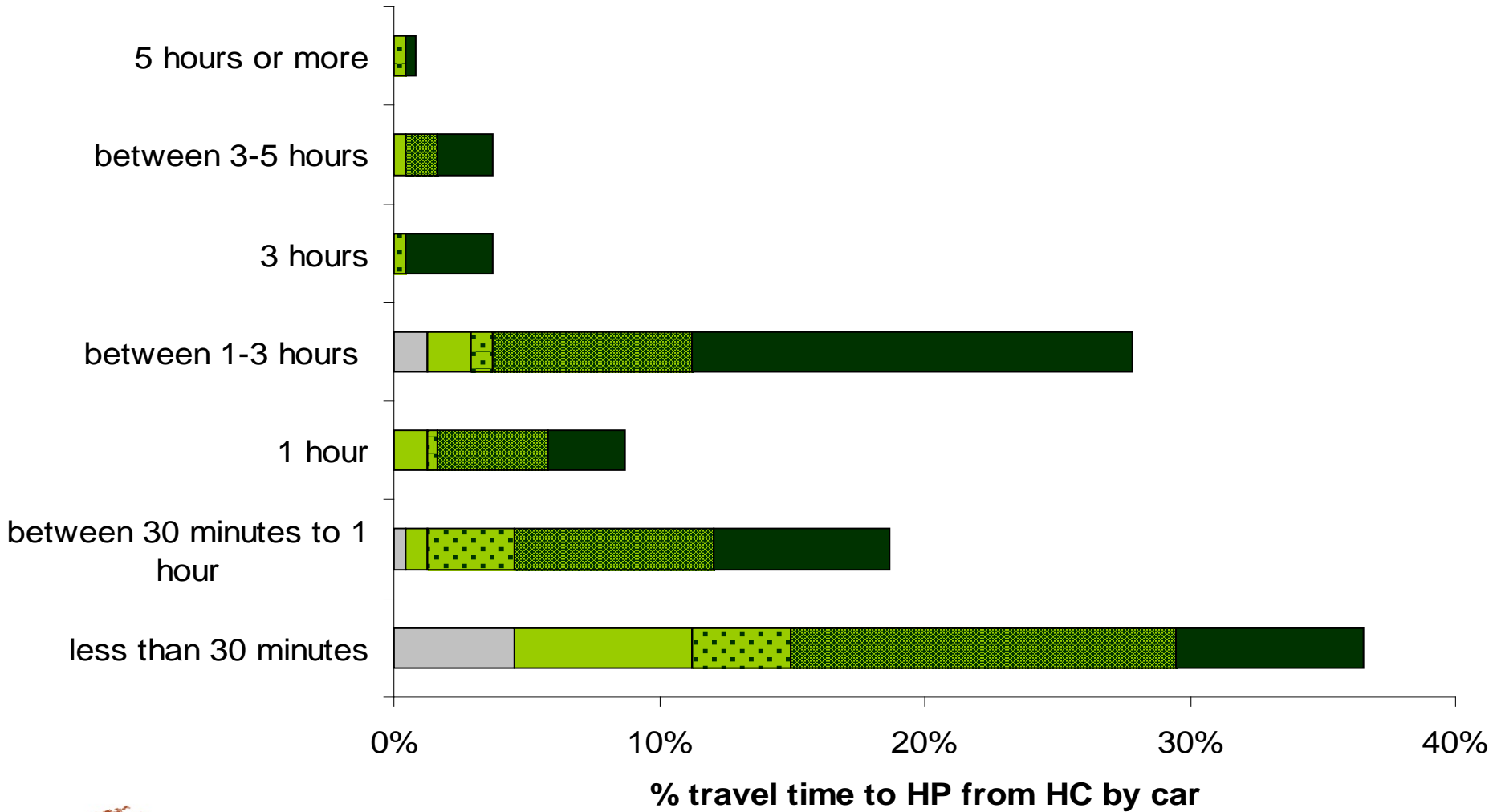


Delivery & Collection of Products

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

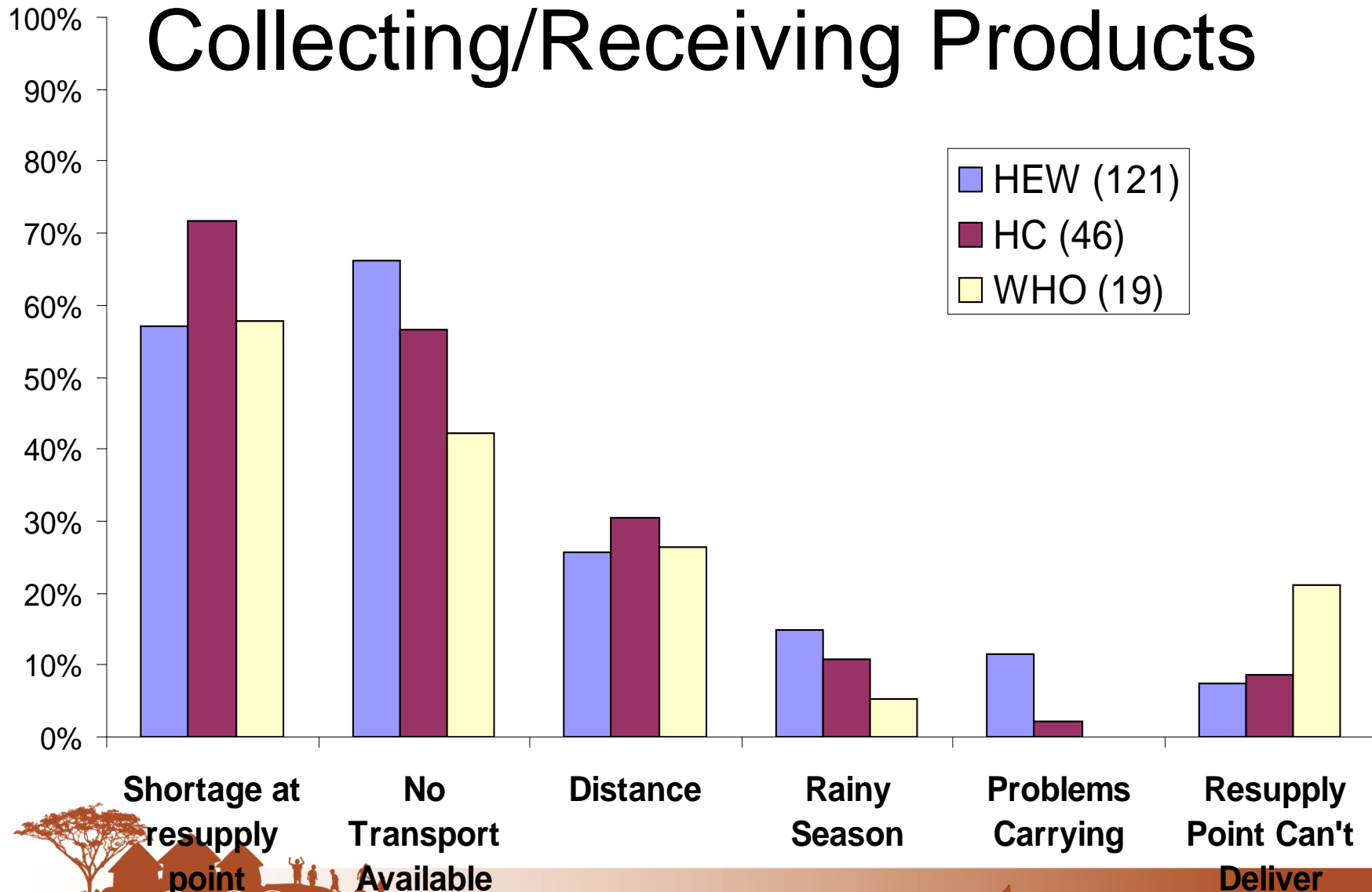


Travel Time and Road Condition



All tarmac	About half tarmac, rest in good condition
About half tarmac, rest in bad condition	All dirt in good condition
All dirt in bad condition	

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

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

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

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

“Not enough funding for fuel, vehicles, spare parts, etc.”



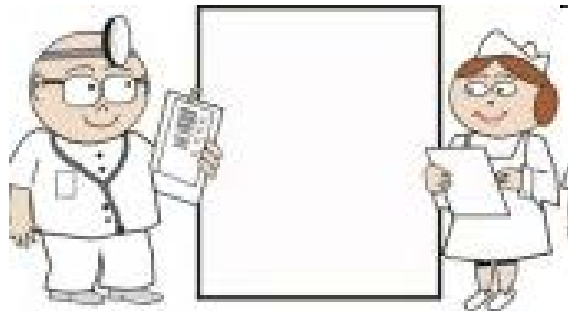
PRECONDITION 5:

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



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

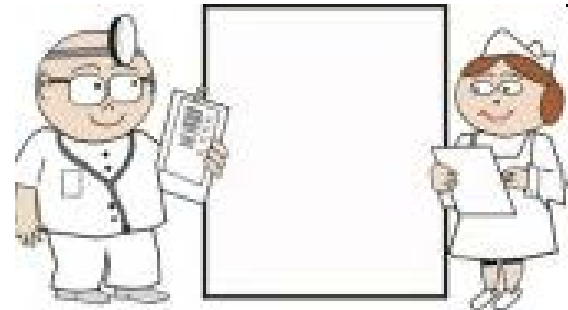


Who do HEWs Receive Supervision From?



89%
Health Extension
Worker
Supervisors

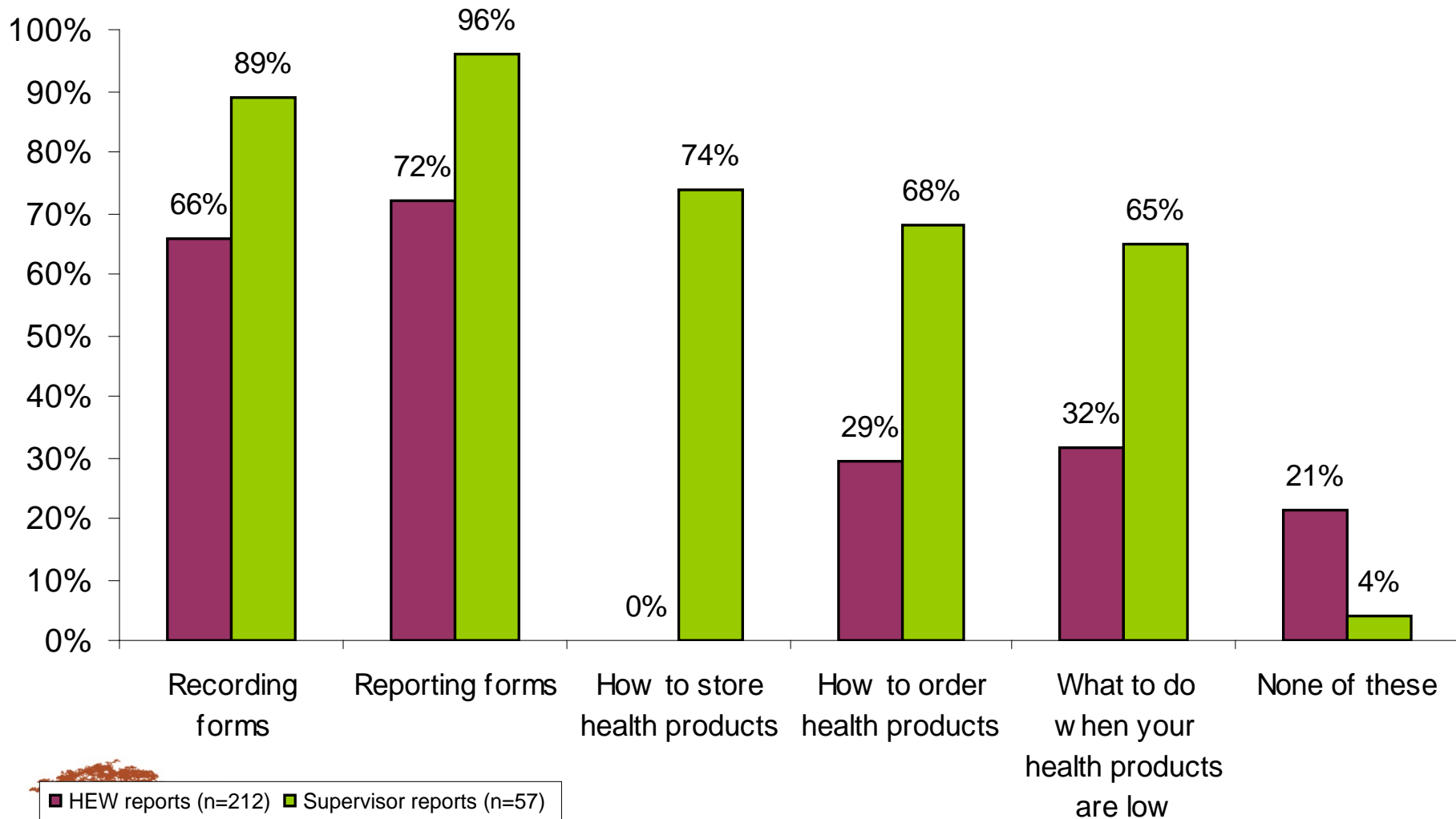
22%
Woreda Health
Office Focal
Person



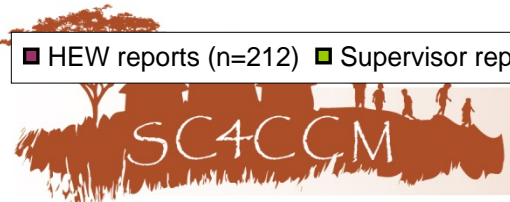
7%
Woreda
Health
Officer



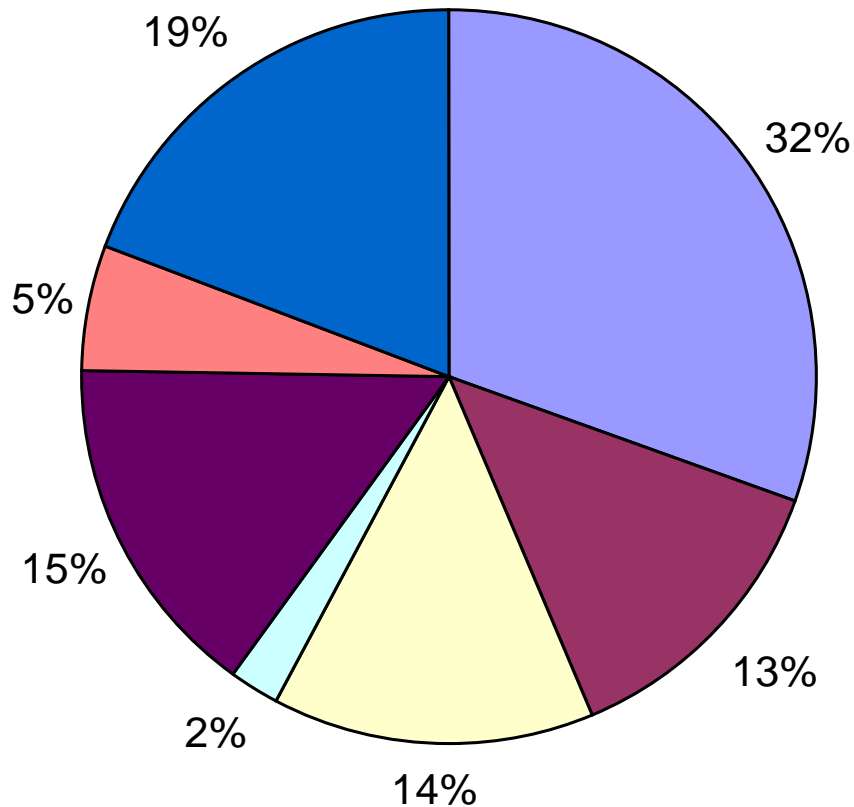
Reported Areas of Supervision



■ HEW reports (n=212) ■ Supervisor reports (n=57)



Sources of Motivation for HEWs

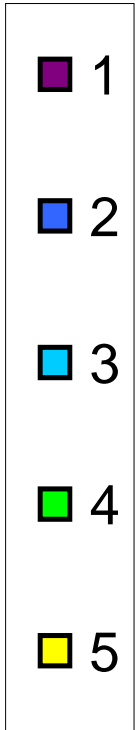
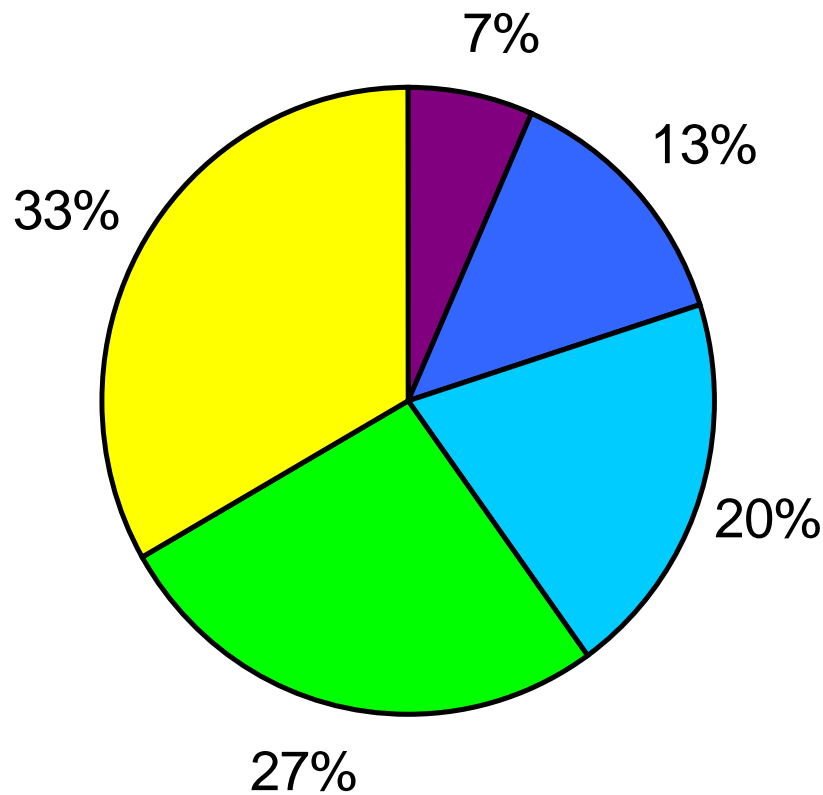


- Getting training
- Helping society
- Community participation and support
- Getting supervision and feedback
- Having/needng sufficient products/materials/ equipment
- Need incentive/ salary/ house
- Other



HEW Self-Reported Job Satisfaction

(1-5 with 5 being highest satisfaction)



LSAT Results

Precondition 5

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

15. Feedback is communicated to CHWs

14. Supportive supervision of CHWs with SC component is performed regularly

27. CHW Supervisors know of and distribute incentives when appropriate

28. CHWs have knowledge of incentives

26. Supervision tools are available

“Different job aids for supervisors of HEWs”

39. Transportation and other resources available to conduct supervision

40. Supervisors are trained in supportive supervision and the procedures and processes for CCM product supply chain

41. Staff responsible for providing logistics feedback reports are trained and produce reports

“Lack of incentives/ motivation mechanisms”

“No funds for different planned activities.”

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

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



Access to Communication Technology

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

however...

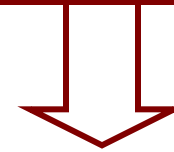
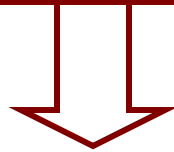


- only **38%** of HEWs have adequate network coverage
- only **23%** of HEWs have a source to recharge their phones

Access to Communication Technology: Health Centers and HEWs

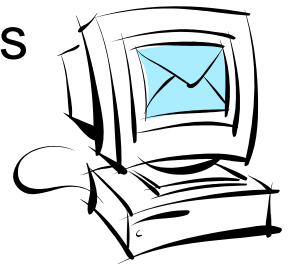


89% of HEWs who manage health products have mobile phones



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



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Supply Chains ⁴ Community Case Management