

Simple Solutions for Improving CCM Product Availability in Communities



JSI Research & Training Institute, Inc.



Supply Chains ⁴ Community Case Management

3 Promising Solutions from 3 Countries

- Enhancing Logistics Data Visibility with **cStock** in Malawi
- Simplifying and **Standardizing Resupply Procedures** in Rwanda
- A group training approach with **Ready Lessons & Problem Solving** in Ethiopia



2010 Malawi Baseline Assessment

Key Findings:

27% of HSAs who manage health products had **four CCM tracer drugs*** in stock on day of visit

Poor HSA logistics data visibility with only **43% HSAs** reporting logistics data to HC

- Resupply point not able to respond to HSA stock needs, including stockouts

94% of HSAs surveyed had a mobile phone

- **85% with network coverage** at least sometimes

Proposed Solution:

SMS-based system to manage reporting and resupply process



*cotrimoxazole, Artemether Lumefantrine 1x6 and 2x6, ORS

cStock: Overview

cStock is a RapidSMS-based, open-source, web-based **logistics management information system** for

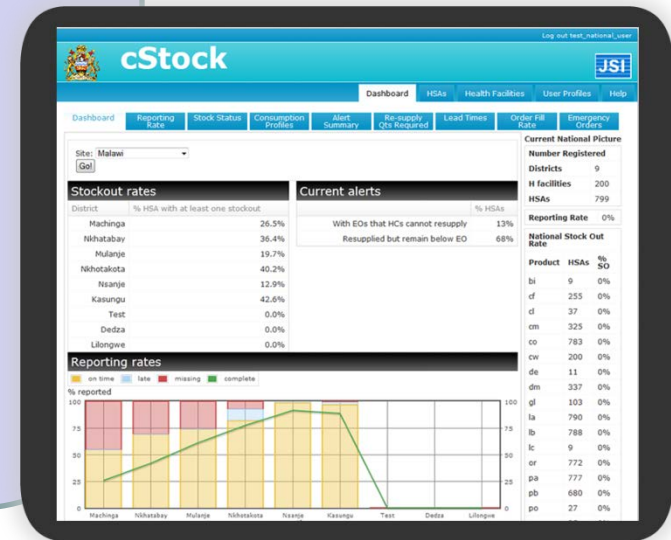
- reporting
- calculating resupply
- managing
- and
- monitoring

community-level essential medicines



cStock: Considerations for Design

- Uses GSM phones already-owned by HSAs to allow rapid uptake of the system
- Collects minimum logistics data needed – SOH and receipts
- Nags to remind HSAs to report and alerts to notify higher levels of unresolved stock issues
- Presents the data in simple, easy to read reports



cStock: Data and Product Flow

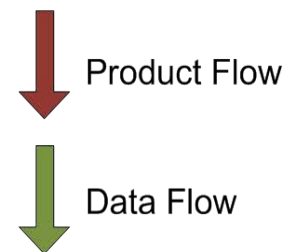
District, Zonal and Central staff access HSA logistics data via dashboard



Health Center supplies the HSA based on SMS message



HSA sends SMS with SOH each month



The database calculates - MOS and resupply quantities, reporting rates, number and duration of stock outs, displays on **dashboard**



cStock: Reports

Stockout rates

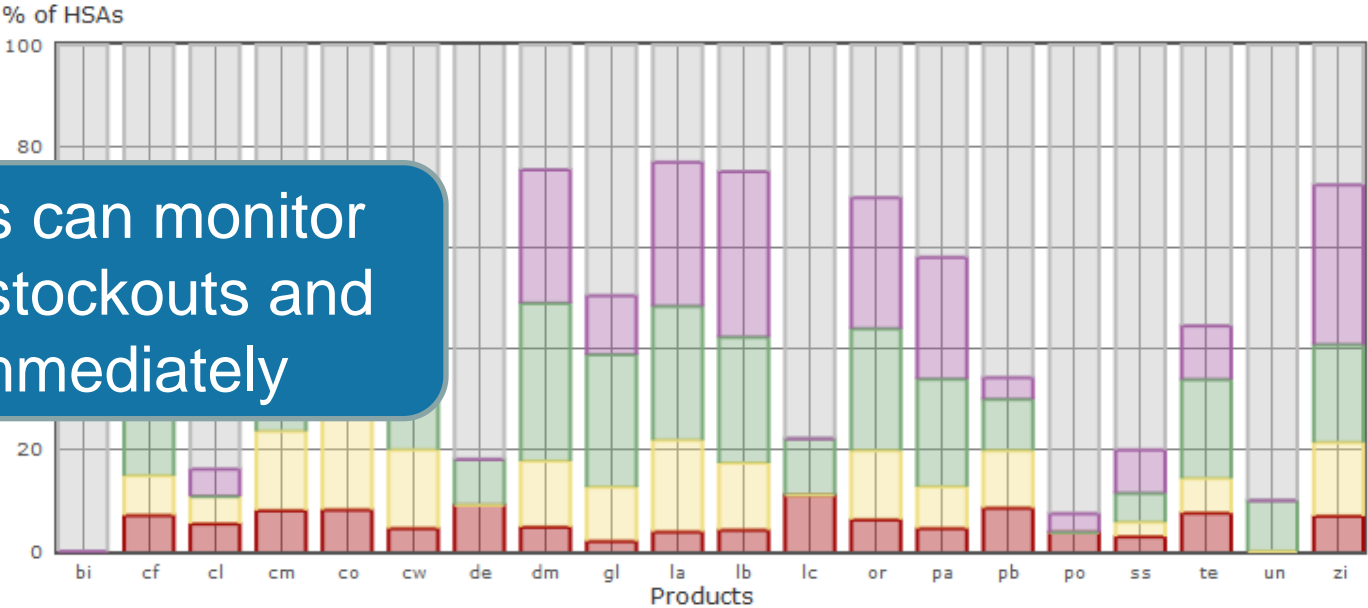
| District | % HSA with at least one stockout |
|------------|----------------------------------|
| Machinga | 0.0% |
| Nkhatabay | 0.0% |
| Mulanje | 0.0% |
| Nkhotakota | 0.0% |
| Nsanje | 0.0% |
| Kasungu | 0.0% |
| Test | 0.0% |
| Dedza | 0.0% |
| Lilongwe | 0.0% |

Current alerts

| | % HSAs |
|-----------------------------------|--------|
| With EOs that HCs cannot resupply | 13% |
| Resupplied but remain below EO | 68% |

Current stock status by product

■ Stocked out
 ■ Under stock
 ■ Adequate stock
 ■ Overstocked
 ■ Missing Data



SC managers can monitor stock levels, stockouts and respond immediately



cStock: Pilot Implementation

6 districts trained from July 2011 to December 2011

12 Master Trainers

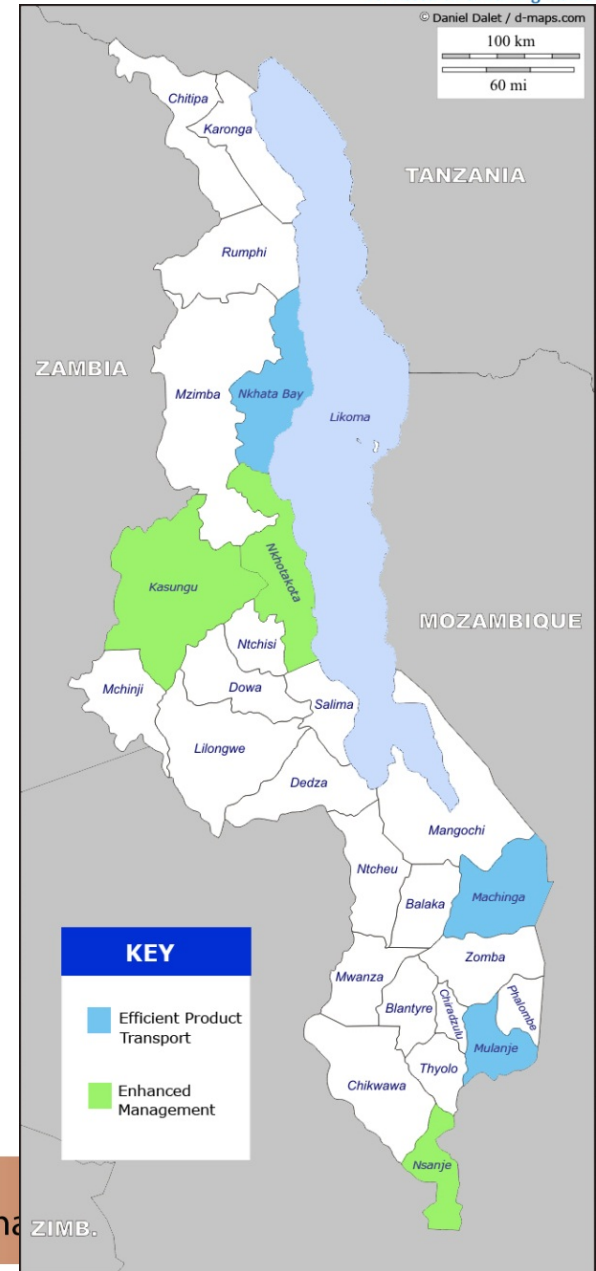
18 district IMCI Coordinators and Pharmacists

6 partners

73 Drug Store i/c (HC)

107 HSA Supervisor (HC)

765 HSAs



Lessons Learned

A simple, SMS-based stock reporting system can have a powerful impact on improving data visibility in the supply chain

Factors for success:

- ✓ Good understanding of context and environment
- ✓ Well thought out strategy and focused objectives
- ✓ Constant M&E and improvements



2010 Rwanda Baseline Assessment

Key Findings:

- **49% of CHWs** who manage health products had **five CCM tracer drugs*** in stock on day of visit
- **No Standard Resupply Procedures** →
 - No standard formulas for calculating resupply quantities for CHWs
 - Flow of information is not streamlined or aligned with product flow
 - CHWs report to multiple places, but often not to their resupply point.

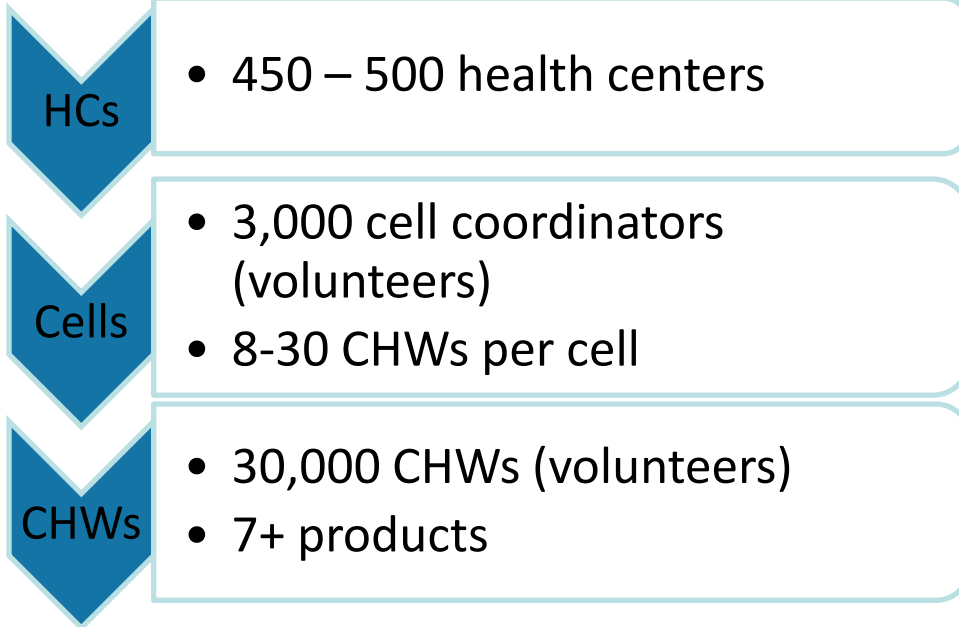
Proposed Solution:

**Simplified, standardized,
harmonized resupply procedures
for CHWs (SRP)**

*cotrimoxazole, Artemether Lumefantrine 1x6 and 2x6, ORS, zinc



SRP: Considerations for Design



3-4 clients per month per CHW

Challenge: How to improve resupply procedures that uses data to determine CHW requirements?

Reluctance to increase reporting requirements for CHW

+

Low numeracy and literacy rates for CHWs

+

Need to build onto existing CHW architecture

=

Simple data capture system that does not increase reporting requirements for CHWs



SRP: Build on Existing Procedures

CHWS meet at Cell Coordinators' (CC) house to report each month



CHWs bring their stock cards to the cell meeting

Lessons Learned

Procedures and tools should be simple and customized for the country and CHWs' unique situation

Factors for Success:

- ✓ Appropriate for literacy level of CHWs
- ✓ Considers accessibility to resupply point – distance, cost & availability of transport
- ✓ Considers storage capacity of CHWs
- ✓ Does not increase the reporting burden



2010 Baseline Assessment in Ethiopia

Key Findings:

Availability of CCM products was low, ranging from **10% of health posts (HP) with ACT 1x6** in stock to **56% of HPs with ORS** in stock on day of visit

- **72% HEWs** reported stockouts in previous 12 months

Low supply chain (SC) knowledge, skills, capacity among HEWs and supervisors

- Only **11% HEWs** and **8% HC staff** reported being trained in SC management
- **86% of HEWs** reported using no stock keeping documentation

Proposed Solution:

Build supply chain skills for HEWs through “ready” lessons and problem solving at existing meetings



RL/PS: Considerations for Design Process

HCS

- 2,500 health centers (total)
- 450-500 Health Centers (project)

HPs

- 8,500 health posts (total)
- 1,900 HPs (project)

HEWs

- 17,000 HEWs (total),
- 4,000 HEWs (project)
- 55+ products

Challenge: Find an affordable, timely and effective SC capacity building strategy for ALL the HEWs in Ethiopia

- Terrain and distances
 - 30,000 HEWs
- One solution will not fit all woredas / zones / regions

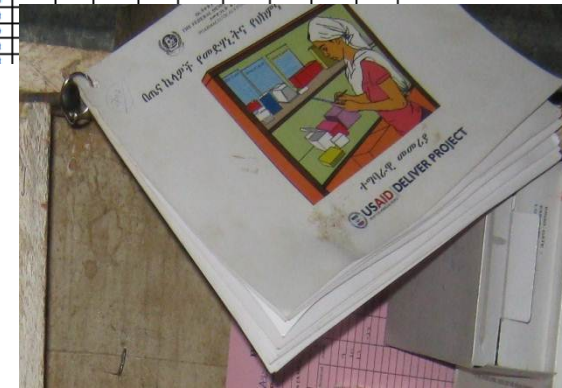


RL/PS: Builds on Existing Elements



| HEALTH POST MONTHLY REPORT & RESUPPLY FORM (HPMRR) | | | | | | | | | | |
|--|--------------------------------|--------------|--------------------------|-------------------|-----------------------------------|----------------|------------------------------|------------------------------|---------------------------------|-------------------|
| Name of Health Post: | | | | | Health Post ID Code: | | | | | |
| Supplying Health Center: | | | | | Health Center ID Code: | | | | | |
| Reporting Period: From: To: | | | | | Maximum Level = 2 months of stock | | | | | |
| Ser. No. | Product Description | Lot of Stock | COMPLETED BY HEALTH POST | | | | COMPLETED BY HEALTH CENTER | | | |
| | | | Requiring Balance | Quantity Received | Local Adjustment | Ending Balance | Quantity Consumed (See note) | Quantity Consumed (See note) | Quantity Issued to Health Staff | Quantity Supplied |
| | | | A | B | C | D | E = A+B+C+D | F | G = E-F | H = G-D |
| 1 | Albendazole 400mg, tablet | tablet | | | | | | | | |
| 2 | Amoxicillin 125mg/5ml, syrup | bottle | | | | | | | | |
| 3 | Amoxicillin 250mg/5ml, syrup | bottle | | | | | | | | |
| 4 | Artesunate Suppository | suppository | | | | | | | | |
| 5 | BP 100 Biscuit | each | | | | | | | | |
| 6 | Chloroquine 150mg, tablet | tablet | | | | | | | | |
| 7 | Chloroquine 150mg/5ml, syrup | bottle | | | | | | | | |
| 8 | Coartem 1X6, tablet | tablet | | | | | | | | |
| 9 | Coartem 2X6, tablet | tablet | | | | | | | | |
| 10 | Coartem 3X6, tablet | tablet | | | | | | | | |
| 11 | Coartem 4X6, tablet | tablet | | | | | | | | |
| 12 | Cotrimoxazole 120mg, tablet | tablet | | | | | | | | |
| 13 | Cotrimoxazole 240mg/5ml, syrup | bottle | | | | | | | | |
| 14 | Ferrous Sulphate, tablet | tablet | | | | | | | | |
| 15 | Folic Acid Tablet | tablet | | | | | | | | |

FMOH Policy change requiring mandatory PHCU meeting of all HEWs at HC once a month



IPLS Materials designed, translated into 4 languages and printed



IPLS Ready Lessons

About 10 HEWs per PHCU meeting
HC Pharmacy Manager leads 1 our Ready Lesson each meeting
Designed to be taught in any order, or repeated

5 x 1 hour Ready Lessons

1. Introduction to IPLS for HEWs
2. Completing Bin Cards
3. HPMRR Form (monthly report)
4. Receiving & Physical Count
5. Proper Storage of Pharmaceuticals



Problem Solving Process & Tools

½ hour problem solving session follows 1 hour ready lesson
Focuses on problems in implementing ready lessons
Tracking tool updated at each monthly meeting

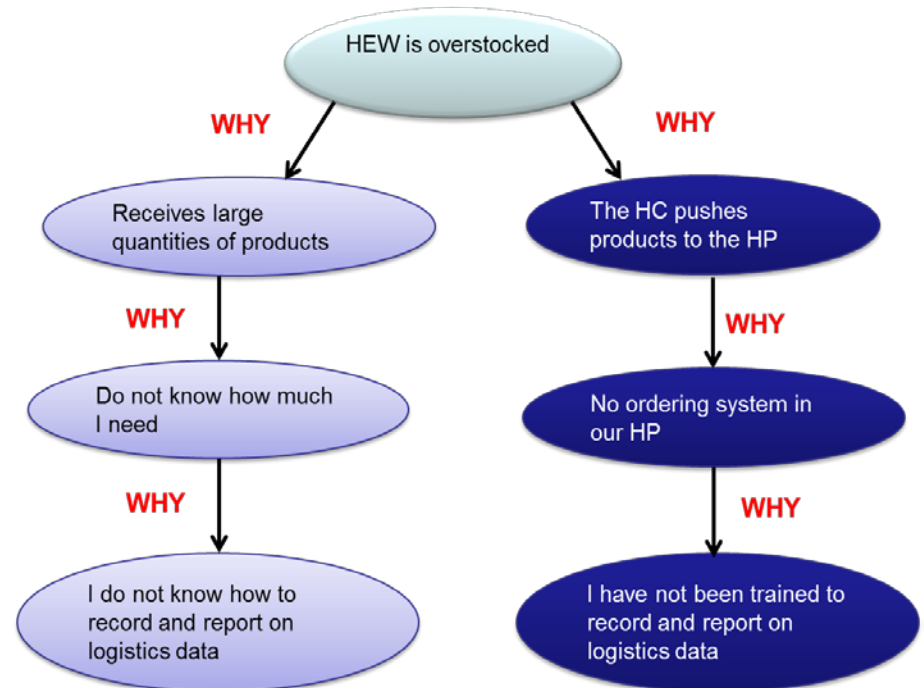
Identify a problem

Propose a solution

Agree on actions to take

Designees take action

Why Tree Root Cause Analysis



Lessons Learned

Incorporating group training sessions into already existing meetings makes training large numbers of CHWs possible

Factors for Success:

- ✓ Using **supervisors** to train CHWS on SC builds relationships as well as skills
- ✓ Distributing **simple job aids** that use graphics and pictures is a good reference guide for CHWs
- ✓ **Problem solving** sessions support implementation of what is learned during training





Thank You
Questions?
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