



Supply Chains ⁴ Community Case Management

SC4CCM Malawi

Quarter 2 Monitoring Results

March-May, 2012



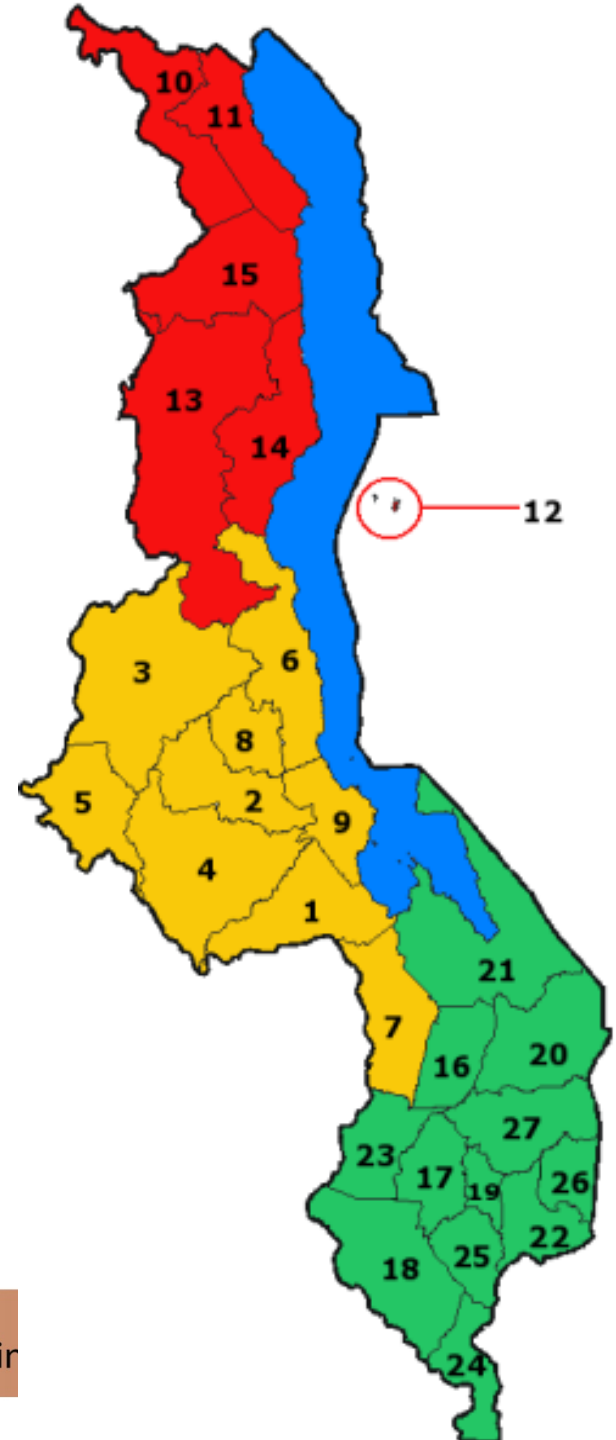


Intervention Districts

Monitoring Dates: 26th March-27th April 2012

Kasungu	Mulanje
Nkhotakhota	Nkhatabay
Nsanje	Machinga

Sample Size	
<i>Key Informant Interviews</i>	
DHO / pharmacy	6
Health Centres	13
HSAs	36
<i>cStock</i>	
HSAs	650



Supply Chair



Partner-supported CCM Products: cotrimoxazole, LA, & ORS

Resupplied using different methodologies, rarely cStock

	Intervention Group	Partner	Products Supplied during quarter
Nsanje	EM	DEL	LA 1x6; LA 2x6
Nkhotakhota	EM	SC	LA 1x6; LA 2x6, CO, ORS
Kasungu	EM	DEL	LA 1x6; LA 2x6
Machinga	EPT	PSI	LA 1x6; LA 2x6, CO, ORS
Mulanje	EPT	SC	LA 1x6; LA 2x6, CO, ORS
Nkhatabay	EPT	DEL	LA 1x6; LA 2x6

For CO, ORS partner support:
 EM = 1 SC district
 EPT = 2 districts (1 SC, 1 PSI)
 ↓
This imbalance may mask some of the differences in results between interventions

This list includes key tracer products routinely provided; UNICEF and others provide additional products on as needed basis





Considerations

- Partner supported distribution of CCM products
 - Save bimonthly distribution to HSAs – Nkhotakota, Mulanje
 - PSI bimonthly distribution to HCs for HSAs - Machinga
- CHAM facilities
 - CHAM facilities were visited: not distinguished from GOM facilities in data
- PHC kit distribution
 - Occurred mid-March but no distribution in April



A photograph of a tea plantation on a hillside. The foreground shows rows of tea bushes. The middle ground is a green hillside with a path. The background features several trees and a blue sky with white clouds.

Q2 Monitoring Results by Intervention & Precondition



Objectives

1. Understand product availability landscape in Q2
2. Determine progress of SC4CCM interventions testing over the first 2 quarters
3. Determine what intervention support should be provided





Nature and Purpose of Intervention Strategies



JSI Research & Training Institute, Inc.

Efficient Product Transport
to address transportation barriers
between resupply points and HSAs

Enhanced Management Approach
to create a customer service oriented
supply chain by aligning objectives
and motivating SC staff

Data Visibility

cStock:

- to improve data visibility
 - support problem-solving
 - enhance quality of decision making
- to meet customer needs**





Outline

The following results will be shared:

- Product availability results:
 - Combined availability of CCM tracer products on DOV
 - Stockout rates over 30 days
 - Stockout rates cotrimoxazole/ORS (not partner provided in all districts)
- Performance by intervention area (cStock, EM and EPT), including key indicators related to that causal pathway



Core Indicator: HSAs have usable and quality medicines available when needed for appropriate treatment of common childhood illnesses

On day of visit (DOV) HSAs who had the 4 tracer drugs in stock

% HSAs	Q1	Q2
6 SC4CCM districts (n=36)	61%	53%

Source: Monitoring visits
*cotrimoxazole, LA 1x6, LA 2x6, ORS

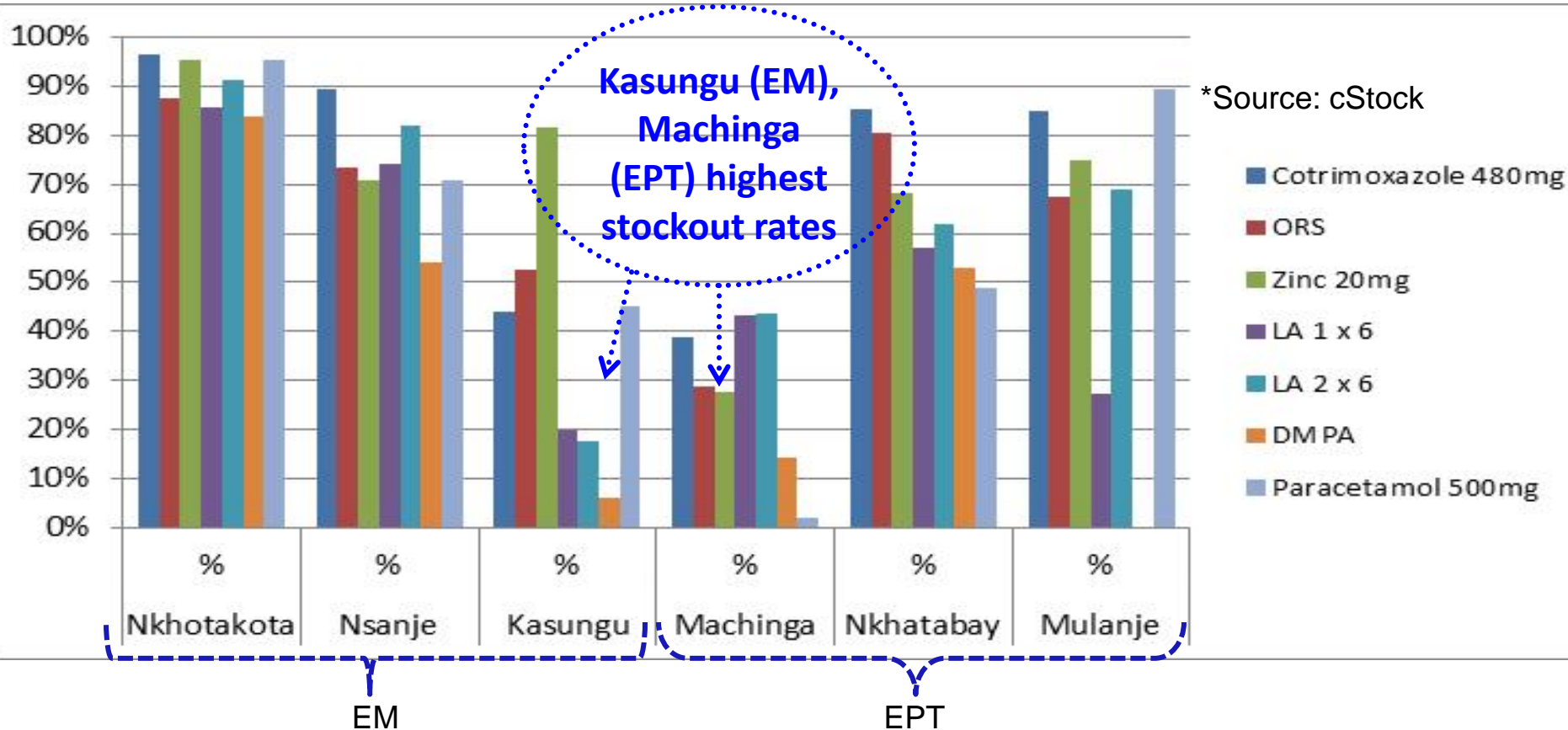
PHC kits were distributed in March: data was collected March 26th to April 26th

An overall decline in DOV product availability seen this quarter, major contributors are Machinga, Mulanje and Kasungu





% HSAs with no stockouts in past 30 days (April) by product, District



Both intervention groups have a low performer district, so not clearly attributable to either intervention

Necessary, usable, quality CCM products are available at HSA resupply points

Generally, improvements in product availability at resupply points on DOV in Q2 compared to Q1:

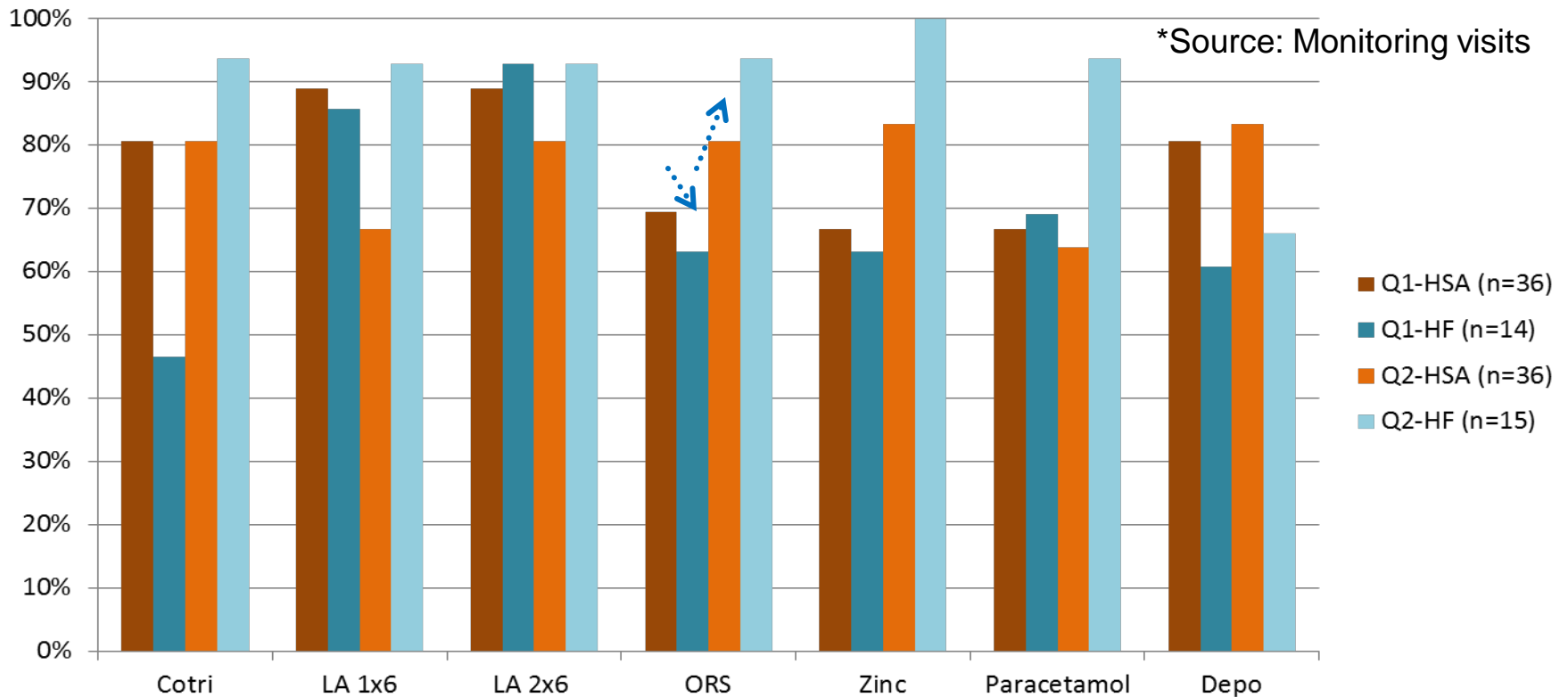
- **80%** of resupply points visited had all 4 CCM products in stock on DOV in Q2 compared to 38% in Q1
- PHC kits were distributed in March: data was collected March 26th to April 26th

Kits help boost product availability at resupply points, but do not appear to help prevent CCM product stock outs at HSA level





% HSAs and Resupply Points In Stock on Day of Visit – Q2

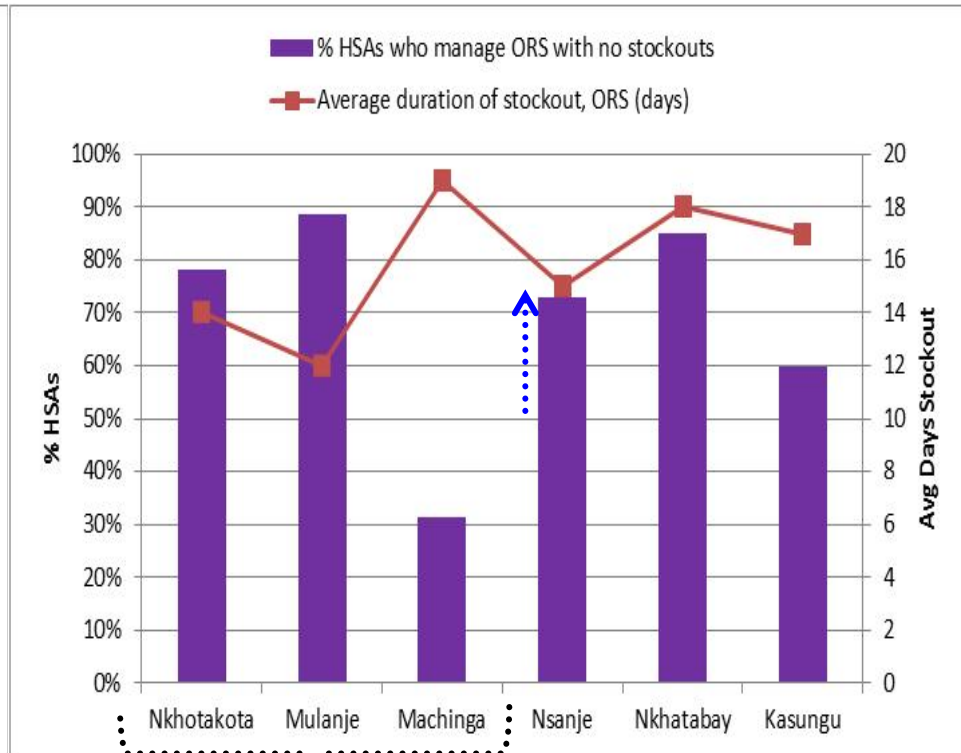
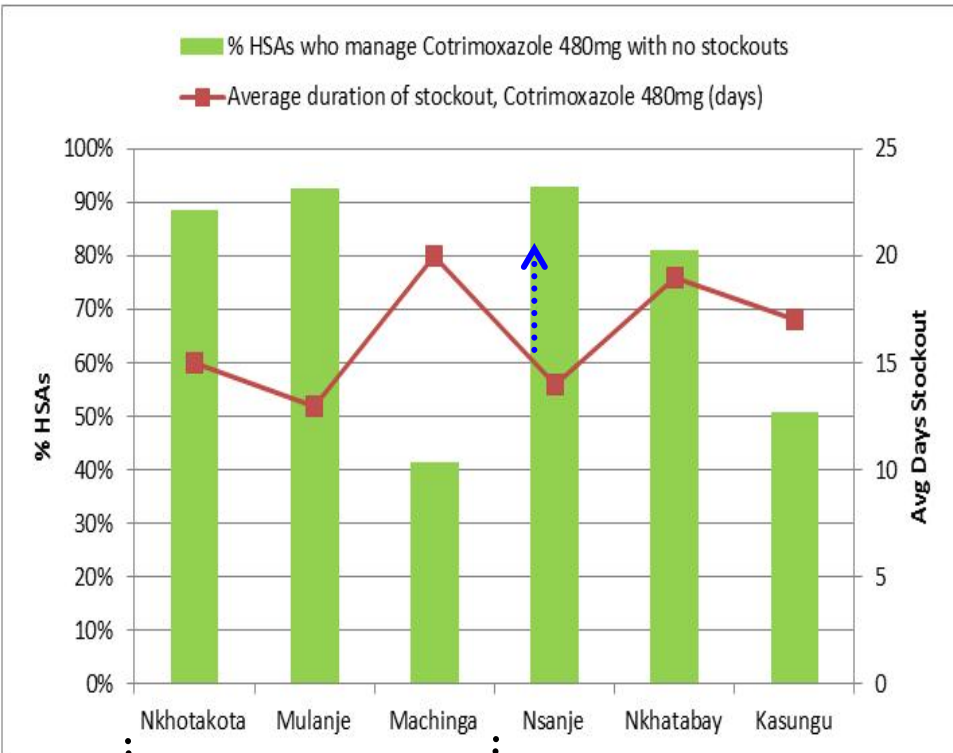


During monitoring visits resupply points were better stocked than HSAs





Cotrimoxazole & ORS: % HSAs with no stockouts in April, ave. duration stockouts



Partner-supported

Partner-supported

*Source: cStock M&E report

Machinga: highest stockout rate, longest duration stockouts
Despite no partner support, Nsanje performs very well





Partner Support



JSI Research & Training Institute, Inc.

- Product support by partners does not consistently result in lower stockout rates or lower average duration of stockouts
 - **Nkhotakota/Mulanje** have few stockouts, low average days stocked out, mostly because of being oversupplied
 - **Machinga** has high stockouts, high average days stocked out





Questions to Consider

- Why are all partner supported districts not performing equally well?
- What could explain Nsanje/Nkhatabay's results?
- Why are Kasungu and Machinga performing so poorly?





Data Visibility



JSI Research & Training Institute, Inc.

HSA, or persons responsible for HSA resupply know how, where, what, when and how much of each product to requisition or resupply and act as needed

- Are resupply procedures followed?
- Are HSA stock levels visible through cStock?
- Is cStock being used to guide resupply decisions?
- Has cStock reduced lead times and waiting times?





Reporting Rates, Completeness and Timeliness, by district, in April

Indicator	Q	EM				EPT			
		TOTAL	Nkhota	Nsanje	Kasungu	TOTAL	Machinga	N'bay	Mulanje
% HSAs who reported	Q1	97%	97%	97%	97%	96%	97%	95%	96%
	Q2	83%	68%	93%	96%	64%	63%	74%	59%
% HSAs that fully reported	Q1	80%	66%	90%	86%	81%	83%	63%	87%
	Q2	67%	49%	85%	82%	39%	37%	42%	43%
% HSAs who reported on time in period	Q1	47%	41%	63%	42%				
	Q2	70%	51%	78%	91%				



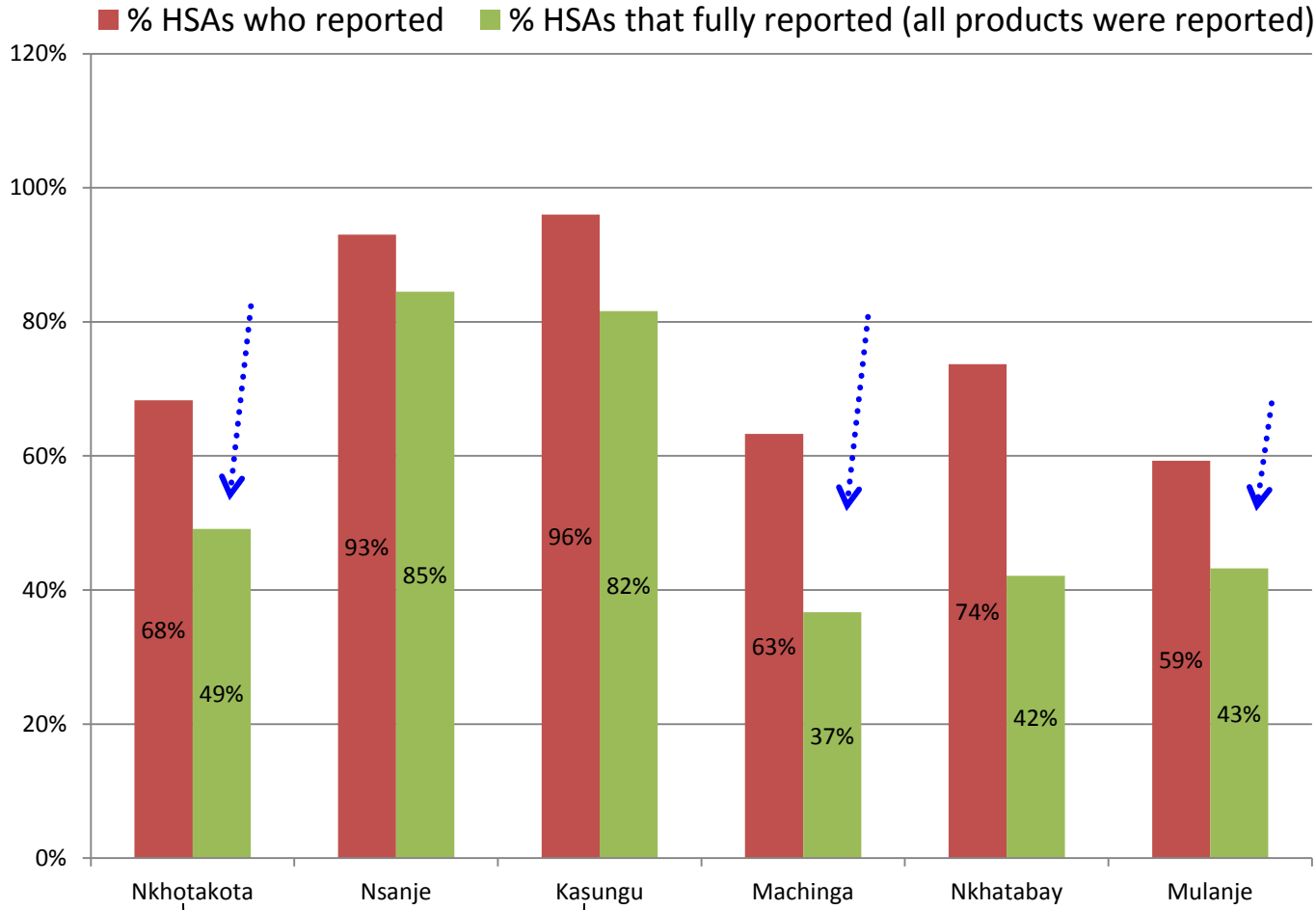
Drop in reporting rate in partner supported districts



Reporting Rates & Completeness



JSI Research & Training Institute, Inc.



*Nsanje/Kasungu best performers
→ Resupply linked to reporting
*Lowest reporting rates and completeness in partner supported districts
→ cStock not used for resupply



EPT



Visibility into HSA Stock Levels

- **Limited** visibility into stock levels in **EPT** districts
 - Only 64% reporting, 39% complete
 - likely because HSAs know partner delivery schedule and quantities **unrelated** to reporting
 - As a result stockout rates most likely underreported
- **Better** visibility into stock levels in **EM** districts
 - Overall reporting (83%)/completeness (67%) rates dropped but still good
 - reporting timeliness (70%) greatly improved

Drop in reporting in partner supported districts could be due to lack of alignment between reporting and mechanism of distribution





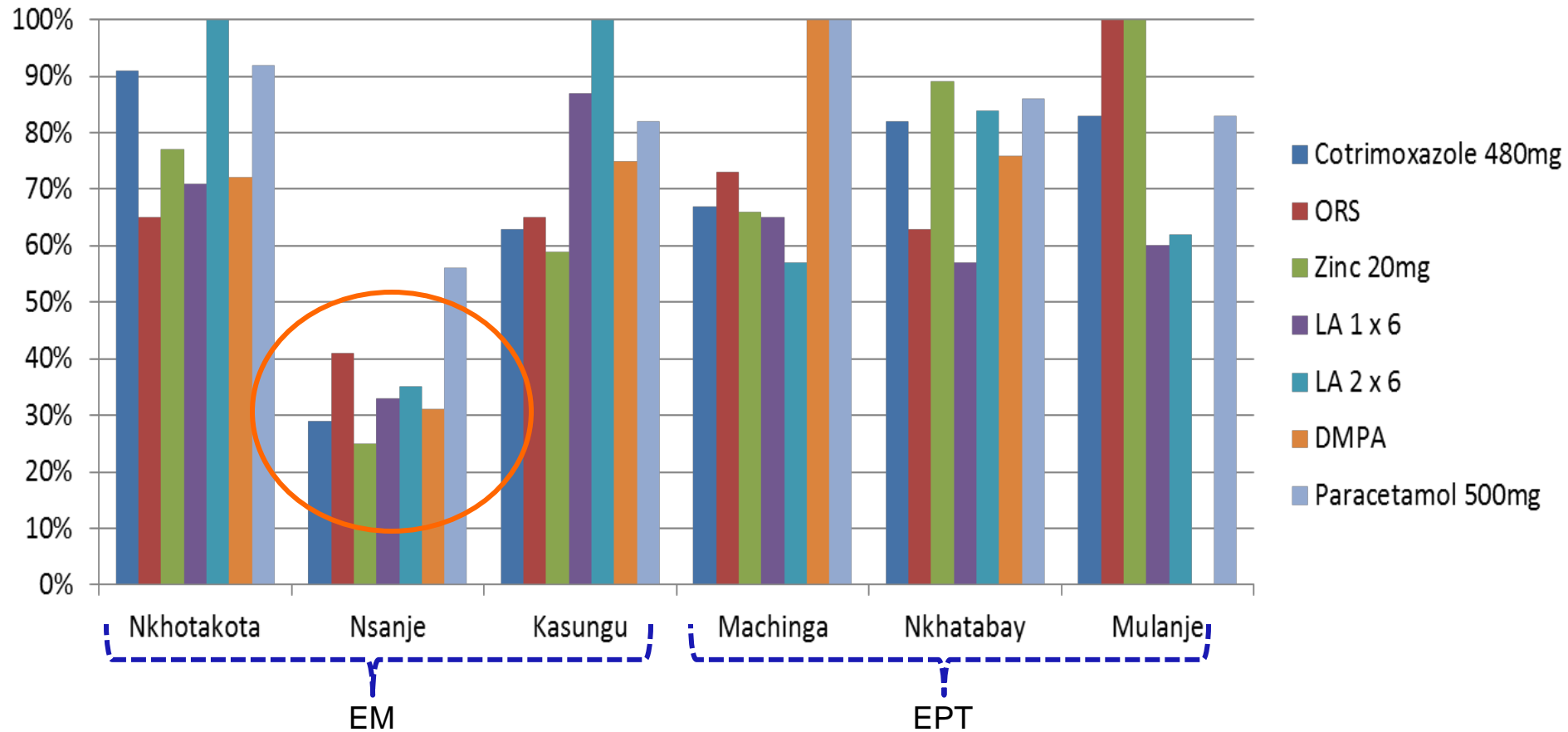
Resupply Procedures & Decision Making

To what extent is cStock being used for resupply?

- In all districts HSAs received 20% more or less of a product than the quantity requested by cStock
 - Nsanje had the fewest discrepancies
- Nkhotakota and Mulanje were overstocked, thus helping to reduce stockout rates → **an effective but not efficient way to keep stockouts low**



of HSA orders with 20% discrepancy between request and receipt quantity, by product, district and group (April 2012)

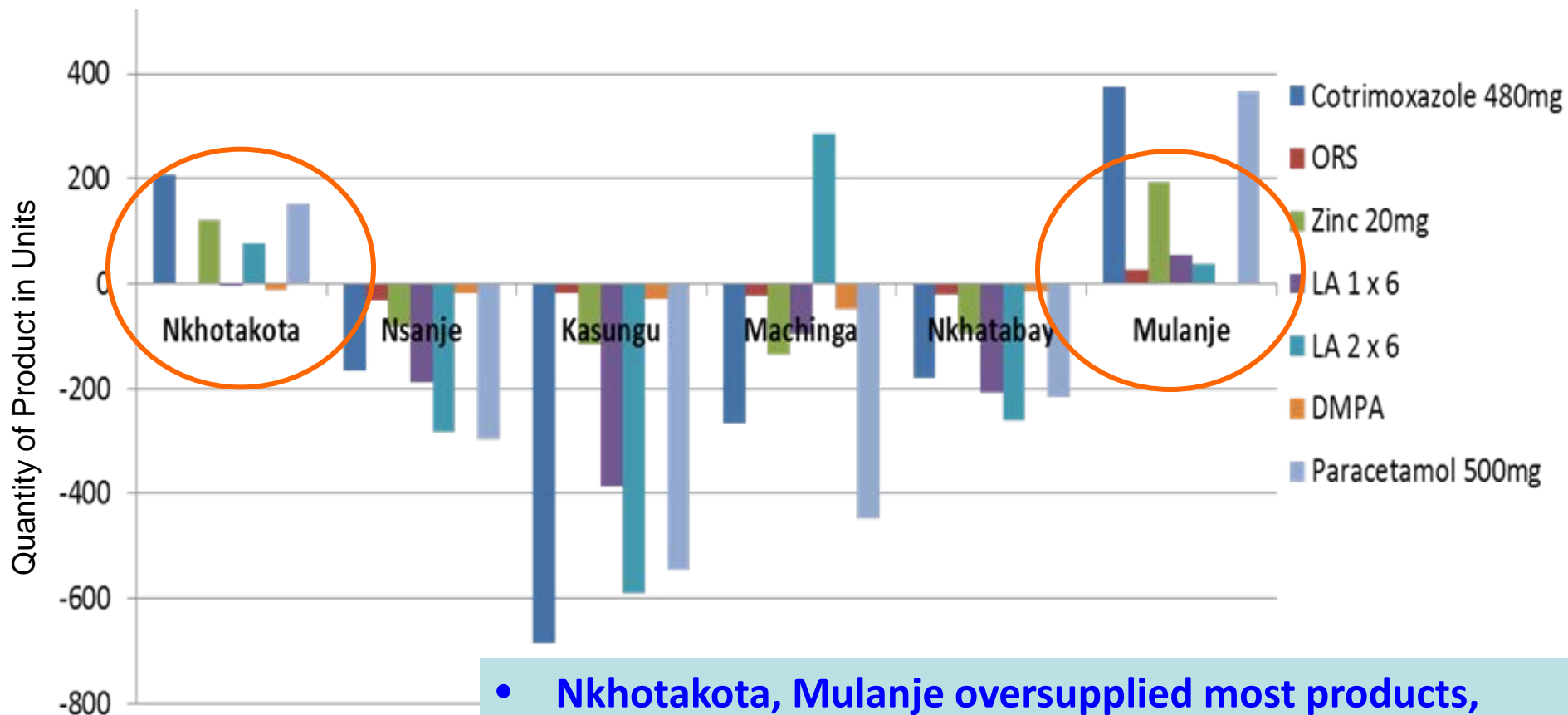


*Source: cStock M&E report

Fewest discrepancies in Nsanje



Average discrepancy (per HAS) in units between quantity requested and received, by district, past 30 days (Apr)



- Nkhotakota, Mulanje oversupplied most products, significantly for cotri
- All other districts, especially Kasungu, undersupplied all products, except LA 2x6 in Machinga





Resupply Procedures: Lead Time & Waiting Time

Indicator	Q1	Q2
Average time between HSA request sent to cStock and receipt message received by cStock		
EPT	10 days	5 days
EM	4-5 days	4 days
% HSAs report “no waiting for products to be packed” at HF		
EPT (n=18)	44%	50%
EM (n=18)	67%	56%

*Source: cStock M&E report

About half of HSAs report waiting for products to be packed





Enhanced Management

HSAs are motivated to perform their roles in the CCM product supply chain

- Are DPAT meetings occurring at district and HF level?
- Are management diaries being used?
- Are SC performance targets in place and recognition plan in place?





DPAT Meetings

Indicator	Q1	Q2
District/HF DPAT – number who reported meeting in past three months to discuss HSA product availability performance plans		
District Coordinator	1/3	3/3
HSA supervisors	1/6	5/7
HF/HSA DPAT – number who reported meeting in past three months to discuss HSA product availability performance plans		
HSA supervisors	4/6	5/7
% HSAs	53%	44%

District/HF DPAT 'seem' to have greatly improved from Q1 to Q2, still more work required at HF/HAS level





Management Diaries

Indicator	Q1	Q2
District IMCI Coordinators who use a management diary	2/3	1/3
Supervisors who use a management diary	2/6	2/7
Supervisors who record decisions taken in diaries	2/6	1/7
Supervisors who record actions taken in diaries	2/6	0/7

Documentation of SC decisions/actions taken has not improved since Q1. Changing behavior to use a new documentation element (diaries) is a challenge





SC Performance Targets and Recognition Plans

Indicator	Q1	Q2
Districts with a print copy of DPAT performance targets	1/3	3/3
Districts who can name at least 1 performance target for DPAT	1/3	3/3
Supervisors with a print copy of DPAT performance targets	3/6	5/7
Supervisors who can name at least 1 performance target for DPAT	1/6	2/7
Supervisors who report knowing the recognition plan for their DPAT	5/6	7/7
% HSAs aware of any rewards for performing well in product management (recognition plan)	65%	67%

District and Supervisors all had copies of performance targets, however awareness of performance targets at supervisor level needs further reinforcement





Efficient Product Transportation

Goods are routinely transported between resupply points and HSAs

- Are HSAs making special visits to the HC to collect products?
- Are HSAs routinely maintaining their bikes?





Continuous Review Inventory Control System

- Benefit of continuous review inventory control system not realized as HSAs still make special trips to collect products instead of collecting when traveling for other purposes
 - 56% HSAs in Q2 report making *special trips* to HF to collect products, **UP** from 44% in Q1
 - Average *# special trips* made by HSAs to HF is **UP** to 1.4 from 1.1 in Q1

HSAs making special trips due to non-responsiveness from HF (lack of sense of urgency, non-alignment), stock outs, and/or emergencies





Bicycle Maintenance & Repair

	EM		EPT	
	Q1	Q2	Q1	Q2
% HSAs with maintenance materials	29%	17%	100%	100%
% HSAs who conducted preventative and corrective bicycle maintenance themselves in past 30 days	36%	39%	69%	60%
% HSAs with functioning bicycles/HSAs who own bicycle	71%	83%	69%	67%
% HSAs who reported bicycle breakdown* in past 30 days/HSAs who own bicycle	21%	56%	50%	47%

Maintenance still happening in EPT, however appears to mainly be corrective not preventative





Bicycle Maintenance & Repair – Qualitative Results

Why no maintenance?

- “not broken down”
- “not confident doing man’s work of fixing bicycles”
- “lack of funds to buy tyres” / “awaiting to buy tyres”
- “was very busy”
- “new bike”

Why no repairs?

- “required welding and was not taught”
- “spares expensive”
- “lack of tyres” / “yet to buy tyres”
- “spare parts were scarce in the market”





Way forward





Strengthening cStock

- Work on aligning partner product distribution so cStock can be used to its full potential
 - Began with Save in Nkhotakota in July
- Send group SMS reminders and congratulatory notes when certain targets achieved





Strengthening EM Intervention

- Conduct DPAT review meetings with HF staff to model/impart skills on conducting meetings
- Provide HF performance print out reports from cStock
- Conduct 6-week intensive supervision to reinforce adoption





Strengthening EPT Intervention

- Conduct FGDs to get a better understanding of the barriers affecting this intervention – i.e. reducing ‘special trips’ and promoting preventive bicycle maintenance practice
- Develop job aid to outline frequency of preventive bicycle maintenance as standard practice
- Reinforce job aids with SMS messages reminding HSAs to maintain their bicycles





Comments & Reactions

