



Malawi Baseline Results by Precondition



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

Of the HSAs who manage health products
23% had the **4 tracer** drugs* in stock,
35% had the **3 tracer** drugs** in stock
on the day of visit

Key Message: Only about 1/3 of HSAs had the health products needed to treat all 3 common childhood illnesses (pneumonia, diarrhea, and malaria) meant to be treated under the current CCM program on the day of visit

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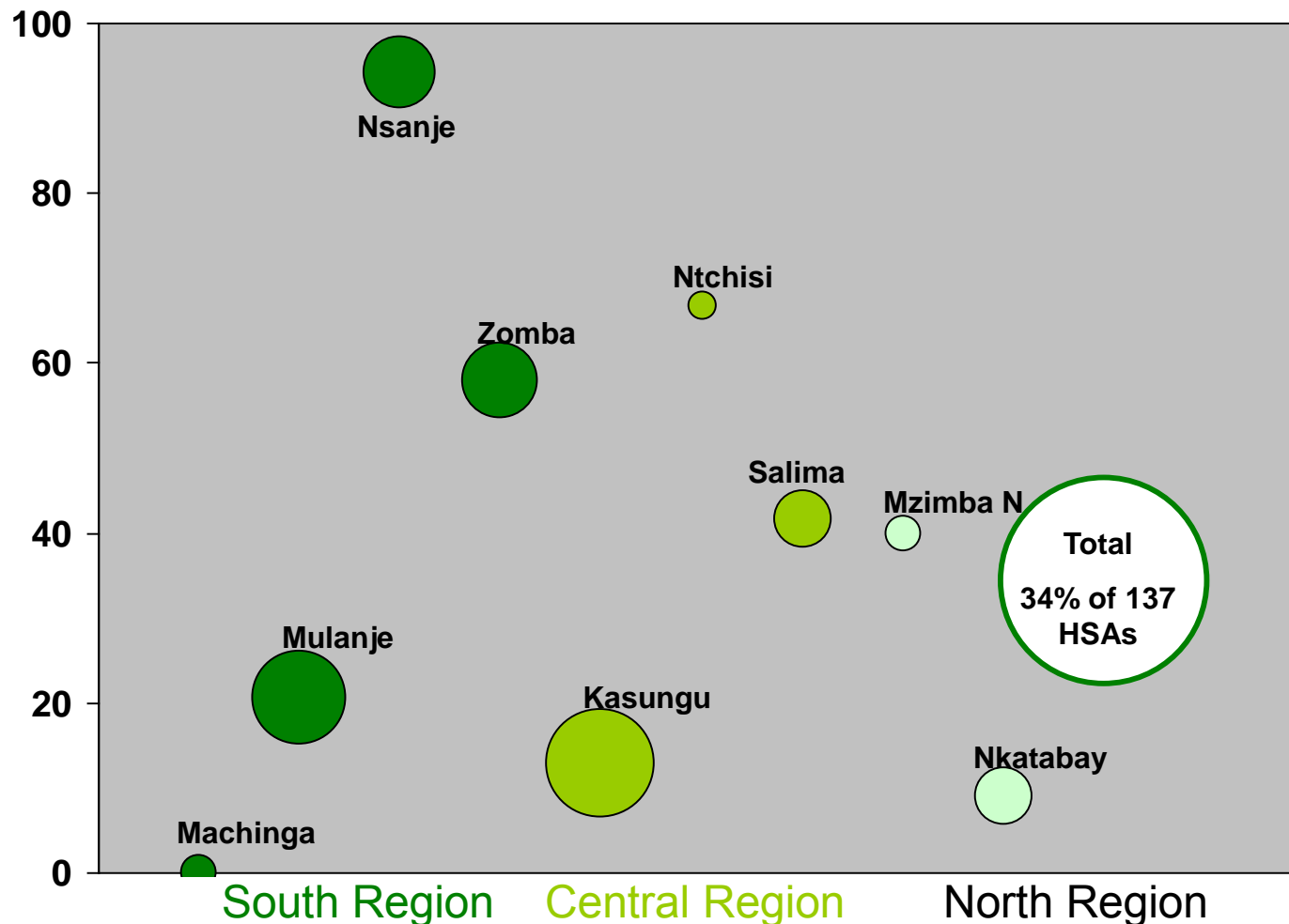


*cotrimoxazole, LA 1x6, LA 2x6, ORS

** cotrimoxazole, LA1x6 and/or LA2x6, ORS



% HSAs* with 3 Key Drugs in Stock (Cotri, ORS, any type of LA)



Key Message:
Considerable
variability by
district

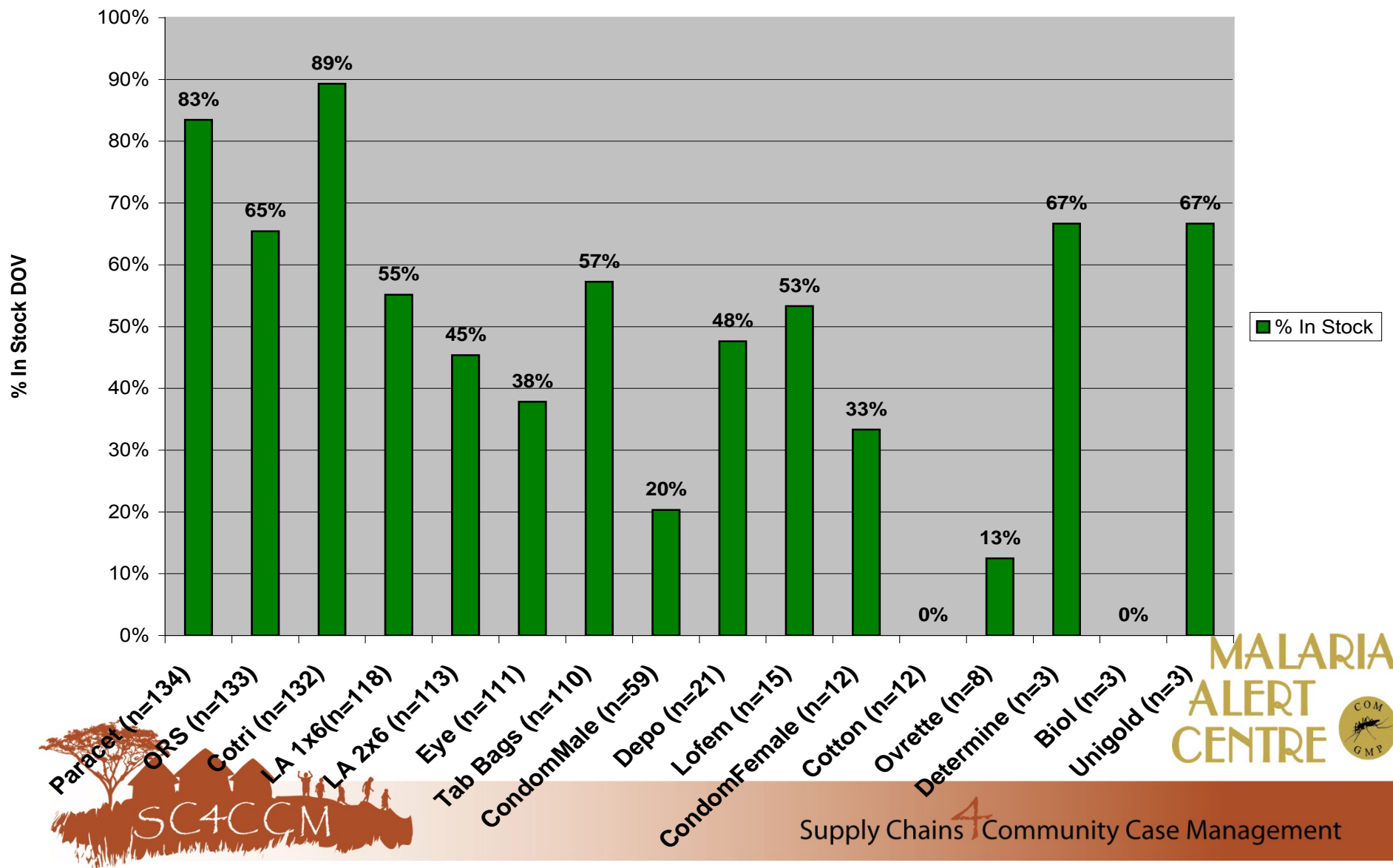


*Percent is among HSAs who manage drugs. Size of circle represents number of HSAs in that district.



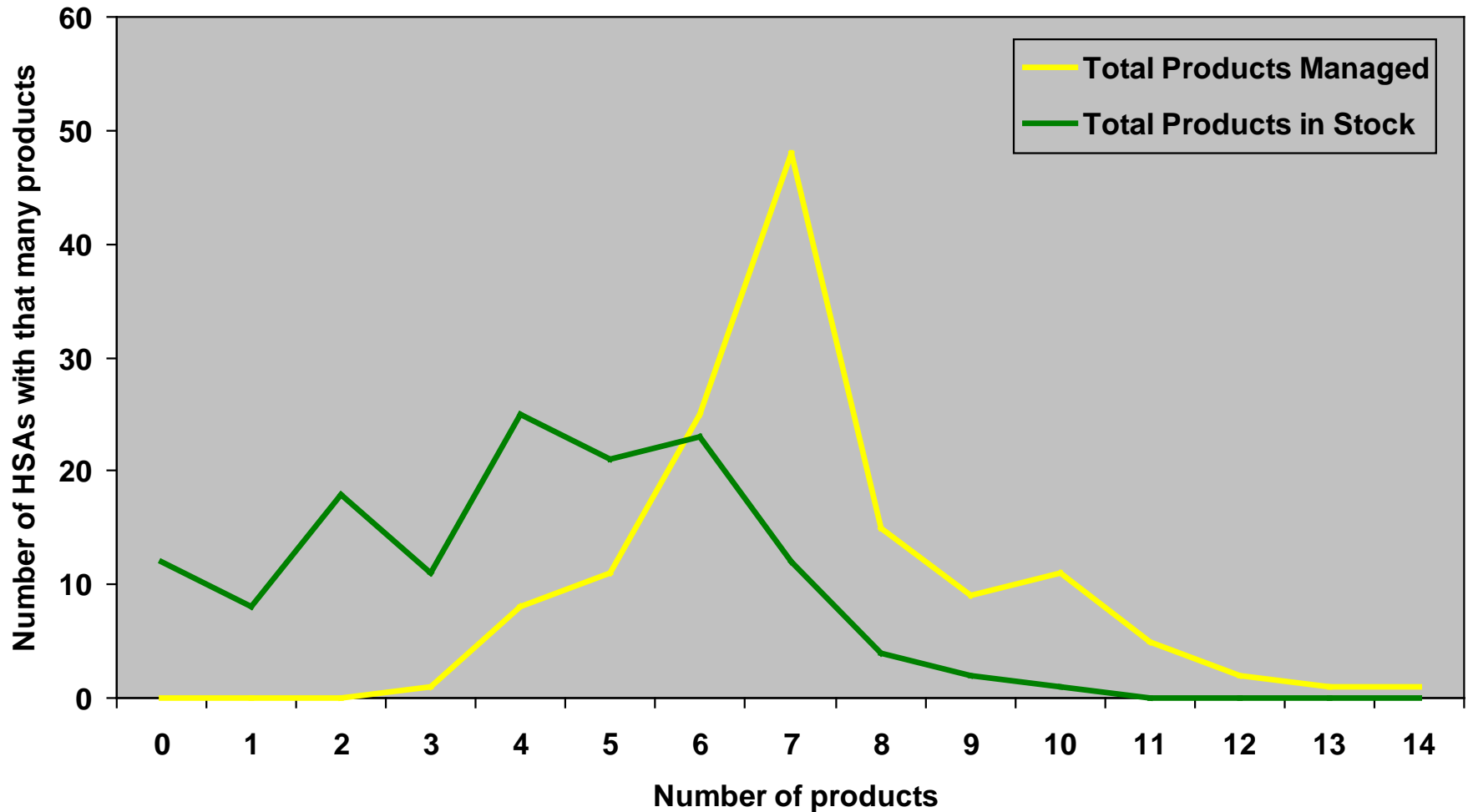


% HSAs with Products In Stock (Day of Visit)



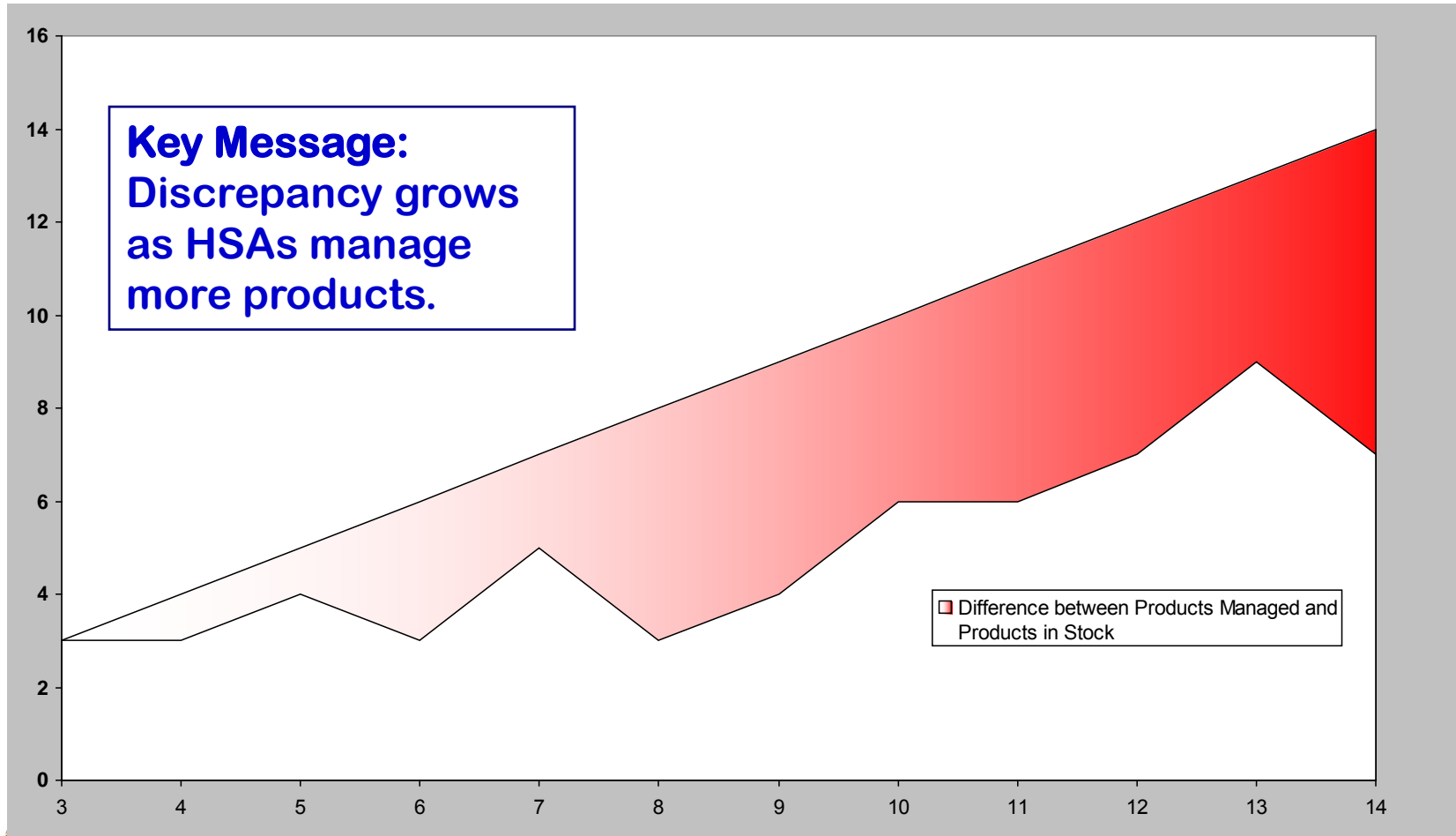


Number Products Managed vs Number Products in Stock





Number Products Managed vs Number Products in Stock



*Number of products in stock is measured within one HSA. So if one HSA for example reported they manage 9 products, but they actually have 5 in stock, the difference would be 4 products. An average of this difference was used here.



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

Product availability at the resupply point
appears to be strongly linked to product
availability at the HSA, but there is much
variability by district





Product Availability at all Levels (Day of Visit)

RMS (3 total)
33% had all three
key products

10 Districts

Resupply Points*
(~8 per District, 81 total)
47% had all three key
products

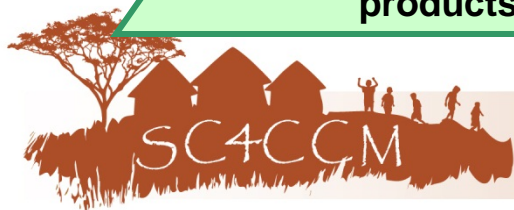
HSAs
(~3 per HC, 248 total)
35% had all three key
products

Key Message:

- Resupply points also have challenges maintaining sufficient stock of the three tracer products on the day of visit
- Resupply points were better stocked than HSA

* Note: Resupply point includes health centers and district hospitals

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System Stockouts: 3 Key Products

RMS North:
1 of 3 out of stock
(out of LA)

RMS Central: 0 of 3 out
of stock

RMS South: 1 of 3 out of
stock (out of ORS)

Nkatabay	Nkhotakota	Nsanje	Ntchisi	Mzimba N	Mulanje	Zomba	Machinga	Salima	Kasungu
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Health Centers stockout rate by district

(n=4)	(n=6)	(n=6)	(n=6)	(n=6)	(n=15)	(n=9)	(n=7)	(n=5)	(n=13)
0	17	17	33	50	60	67	71	80	85

HSAs stockout rate by district

(n=11)	(n=0)	(n=17)	(n=3)	(n=5)	(n=28)	(n=19)	(n=5)	(n=12)	(n=39)
91	NA	6	33	60	79	42	100	58	87

Less Stockouts

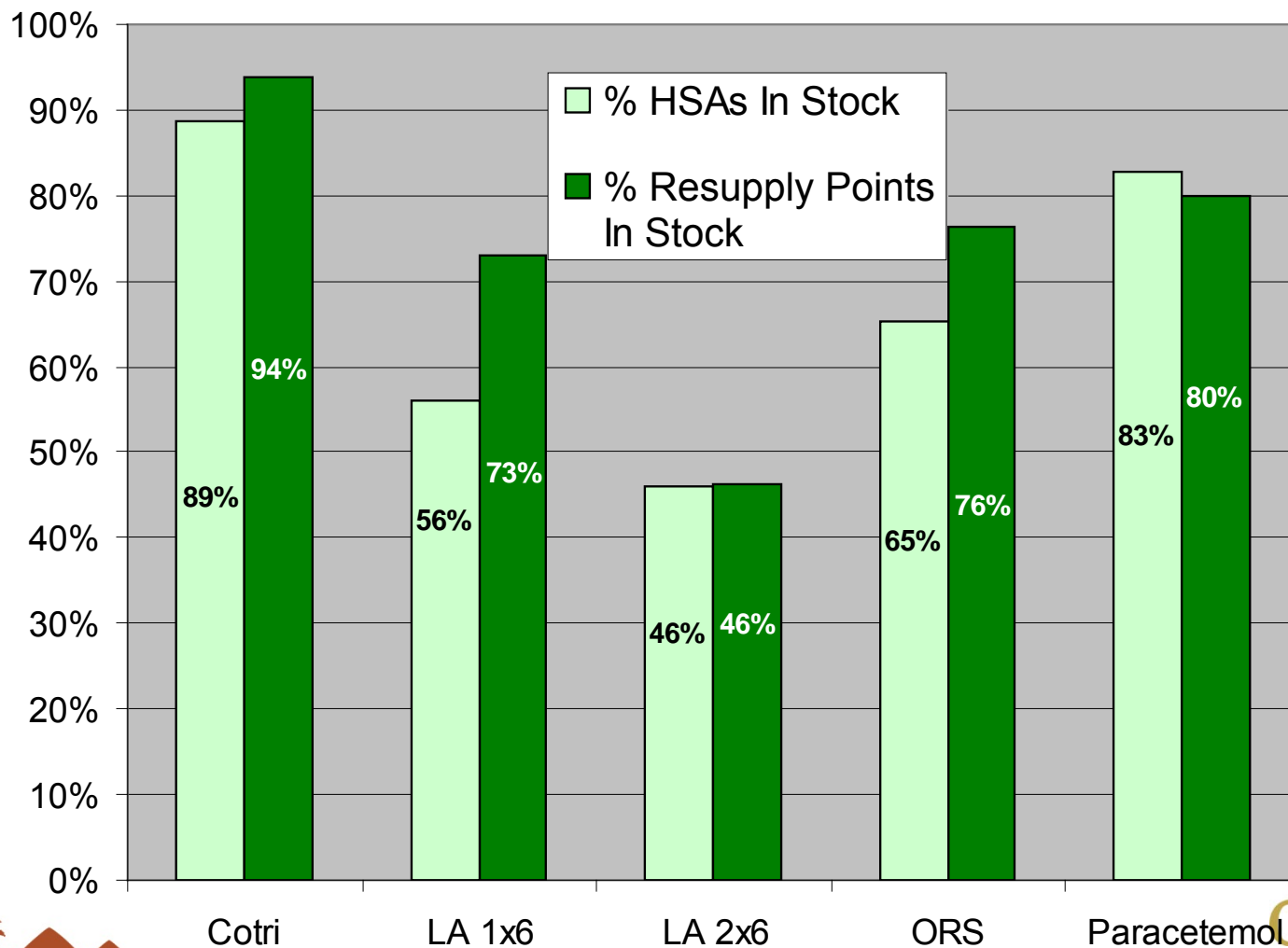
More Stockouts

Key Message: Considerable variability by district





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





HSAs have adequate storage: correct conditions, security and adequate space

- HSAs on average score **high** on storage conditions, although scores drop as the number of products an HSA manages increases

Key Message: Storage is probably not the major weakness for HSAs, though some areas could be improved





Satisfactory Storage Conditions

1. First-to-expire, first-out (FEFO)
2. Damaged and/or expired health products stored separately to usable health products
3. Stored separately from insecticides and chemicals
4. Free of rodents or insects in the storage area
5. Secured with a lock and key, and limited access
6. Health products are protected from direct sunlight
7. Health products are stored at the appropriate temperature



HSAs and Storage

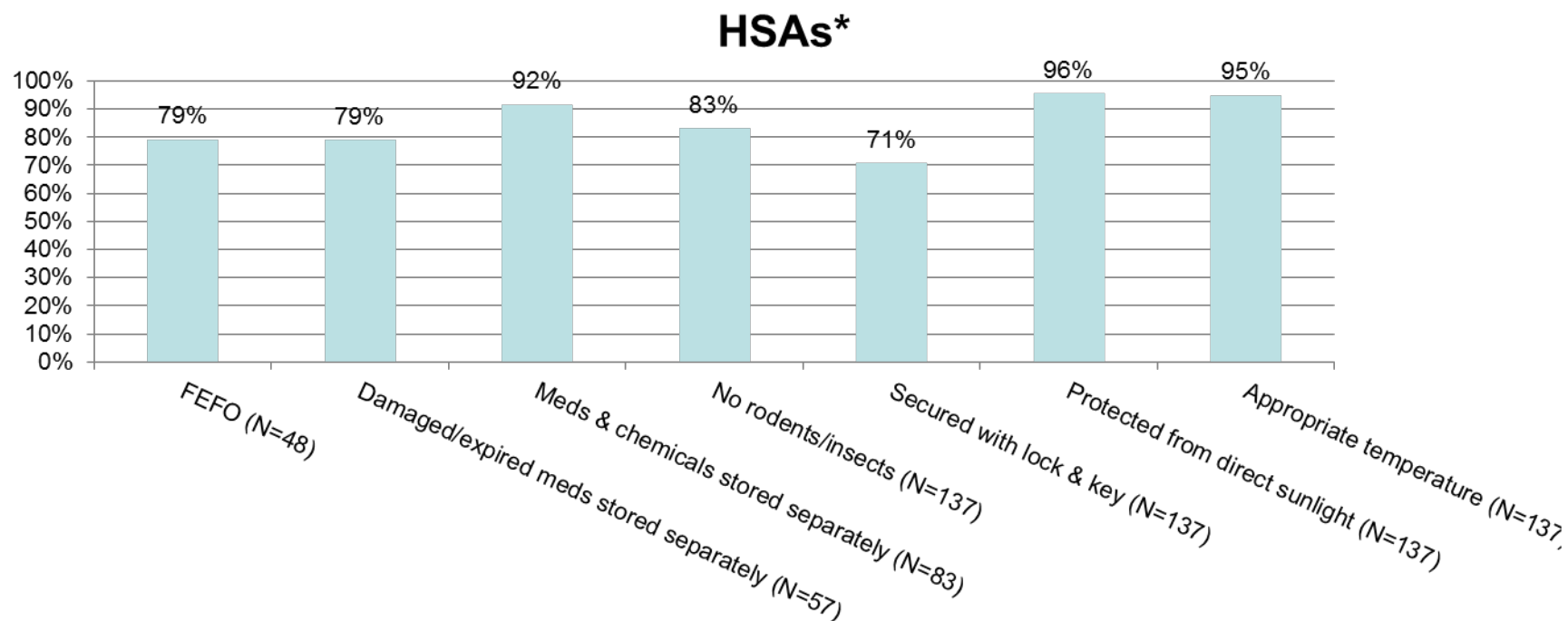
Storage box appears to be 0 – 75% full	97.1%
Storage area free of rodents or insects	83.2%
Storage area secured with a lock and key, access limited	70.8%
Meds are protected from direct sunlight	95.6%
Meds are stored at appropriate temperature	94.9%
Space is sufficient	89.8%
Medicines are stored separately from insecticides and medicines	91.6% *n=83 HSAs who could be assessed
Products organized by FEFO	79.2% *n=48 HSAs who could be assessed
Damaged or expired products stored separately from usable products	78.9% n=57 HSAs who could be assessed



*HSAs who manage products, unless otherwise noted



HSAs and Storage

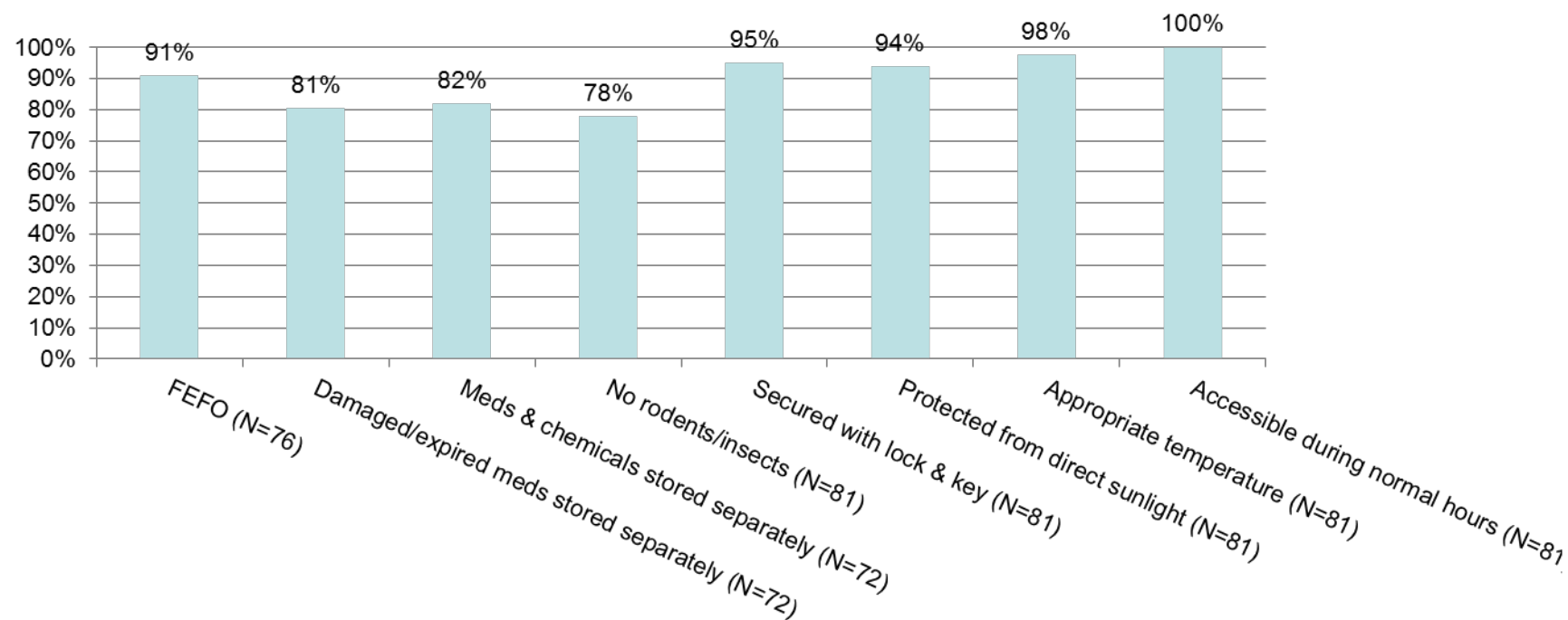


*HSAs who manage products, unless otherwise noted



Resupply Storage

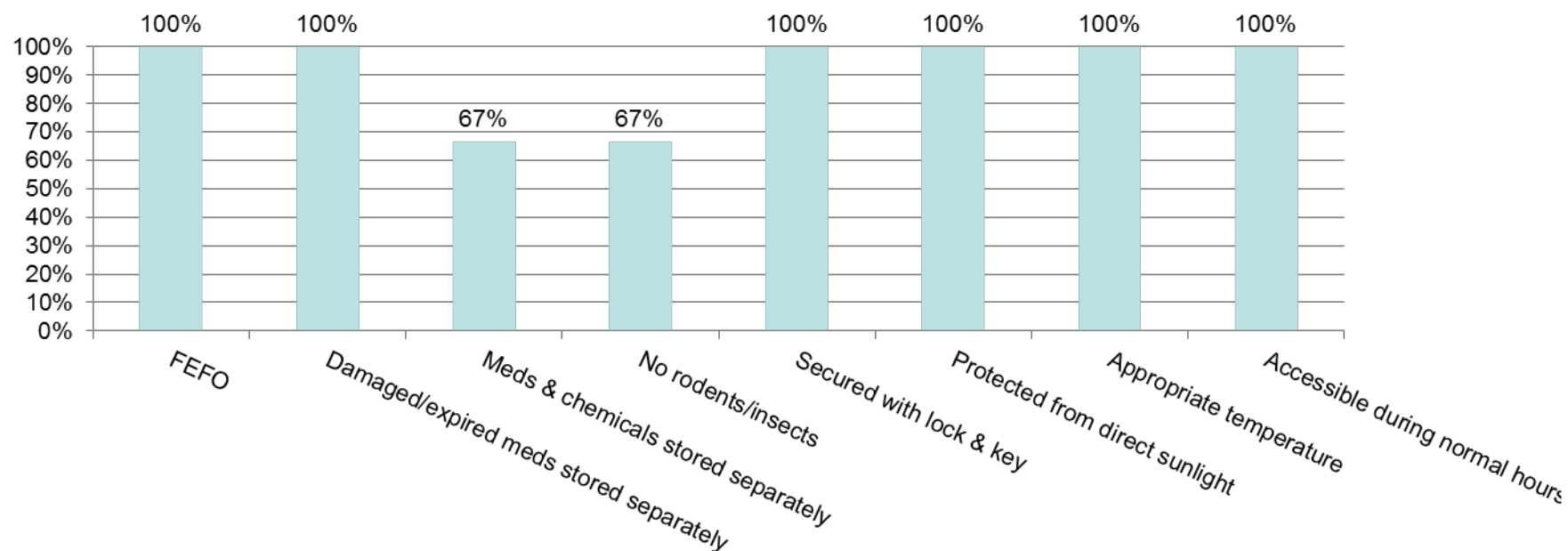
Resupply Points





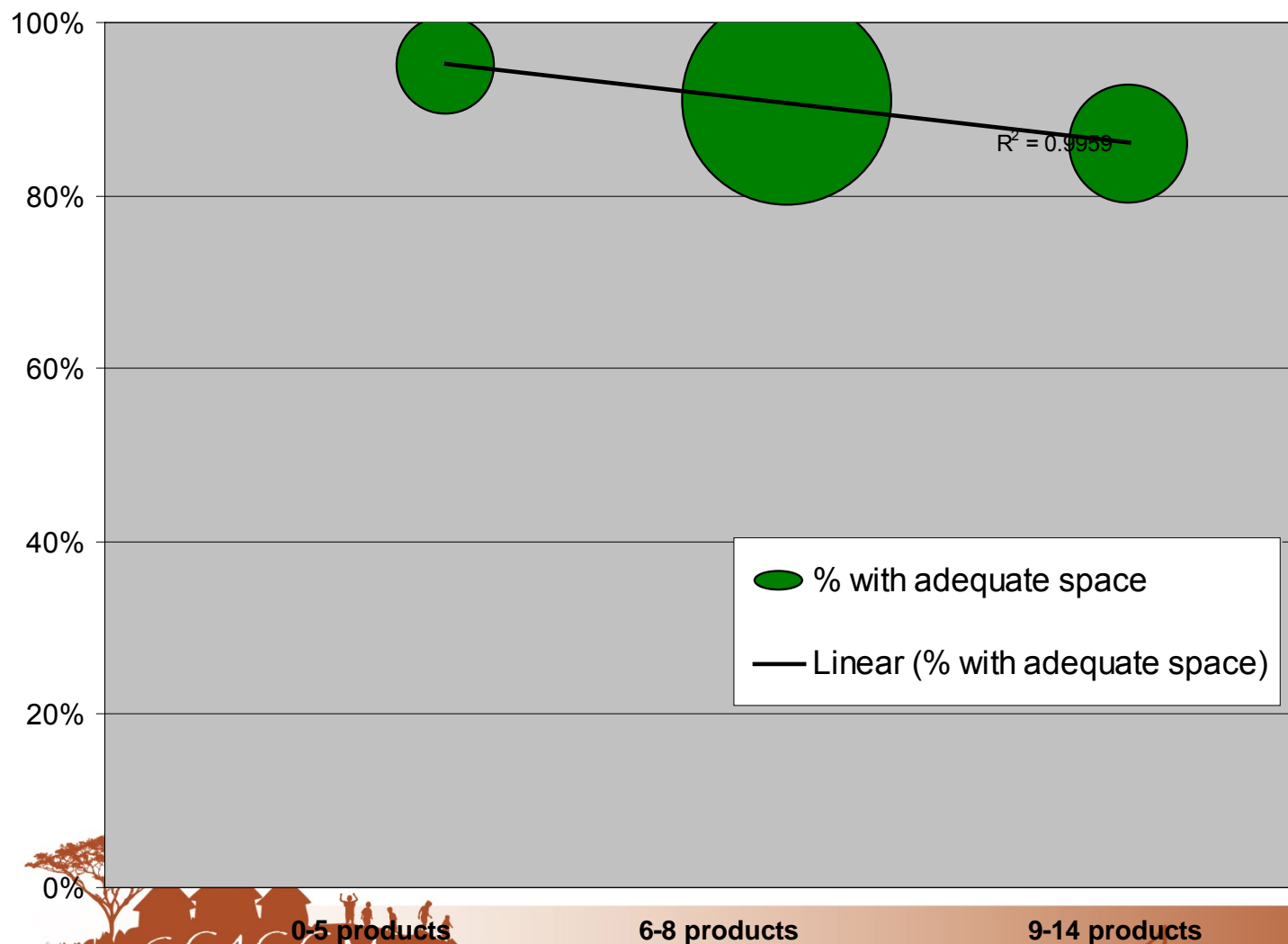
RMS Storage

RMS (n=3)





% HSAs with Adequate Space by Total Products Managed



Key Message:
Adequate storage decreases as number of products managed increase



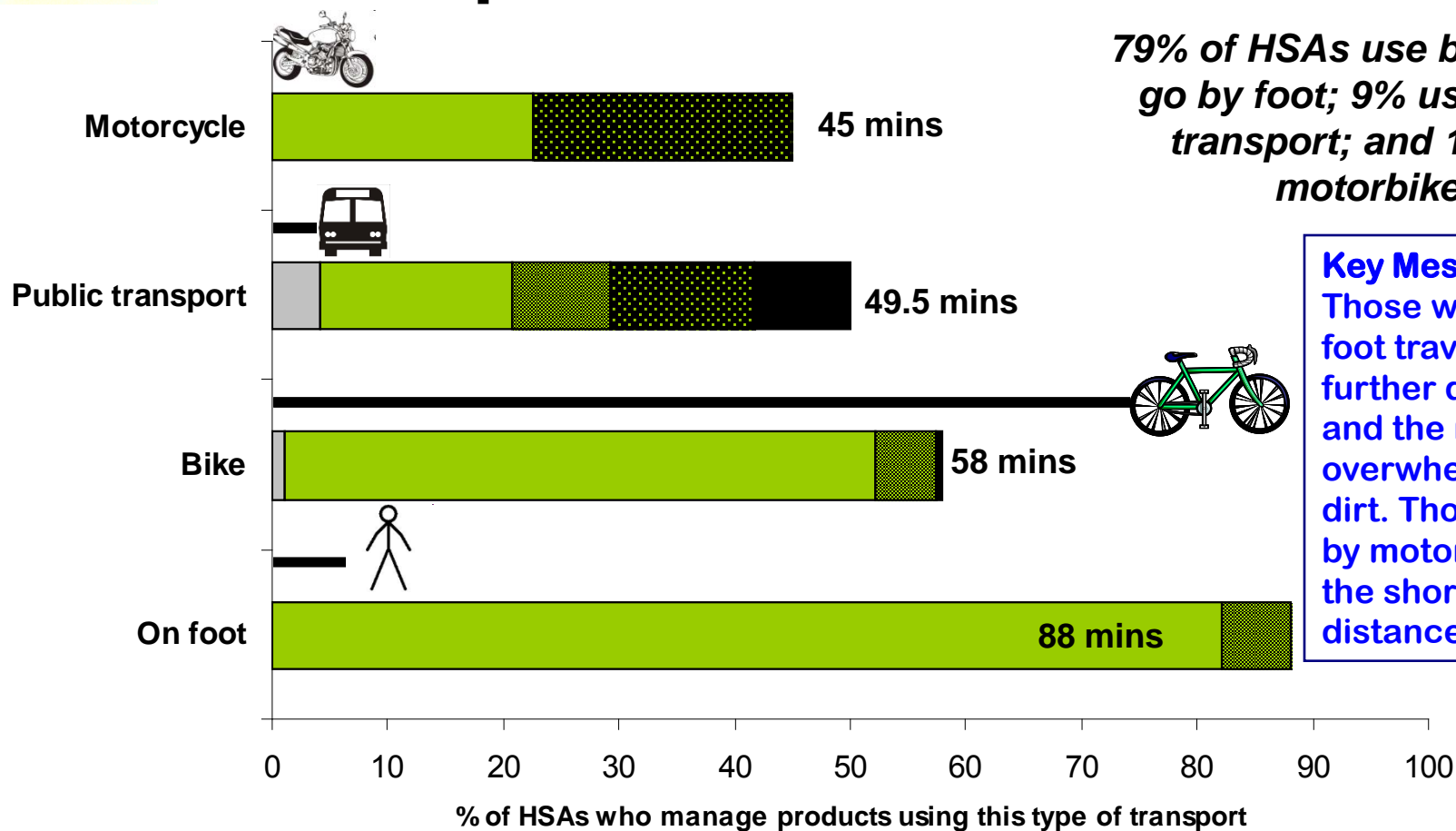
Goods are routinely transported between resupply points and HSAs

- Transport is a challenge for HSAs
 - HSAs conducting village health clinics are in hard to reach areas
 - On average HSAs are about **an hour by car** away from their resupply point
 - Almost 90% who manage products depend on bike or foot travel on dirt roads





Transport and Distance



other

All dirt

Less than half tarmac

More than half tarmac

All tarmac

*Length of bar indicates the distance an HSA has to travel to get to health center by car in minutes.

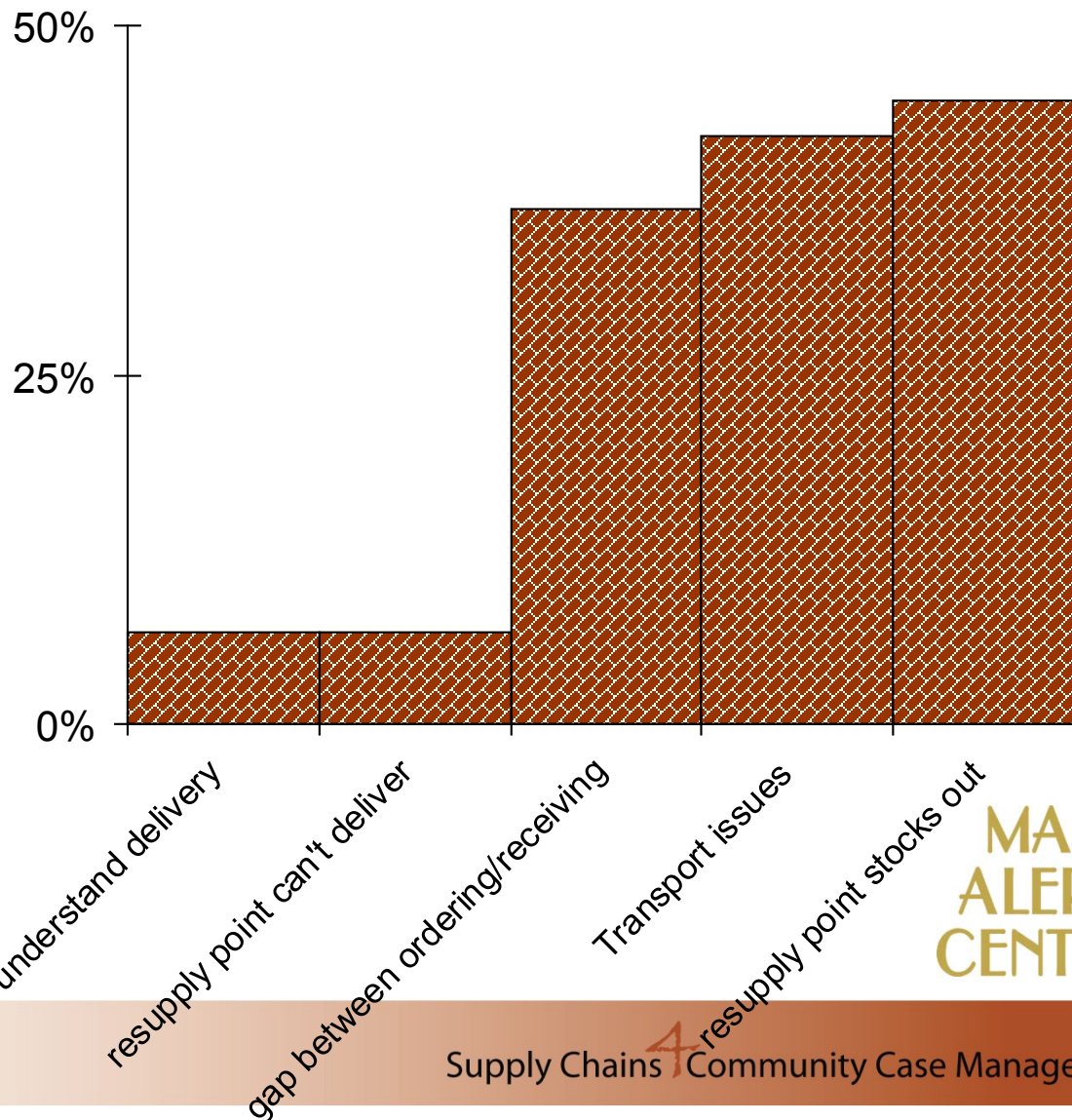


Most Often Reported Problems Collecting / Receiving Products

Key Message:

76 out of 139 HSAs
report having problems
collecting/receiving

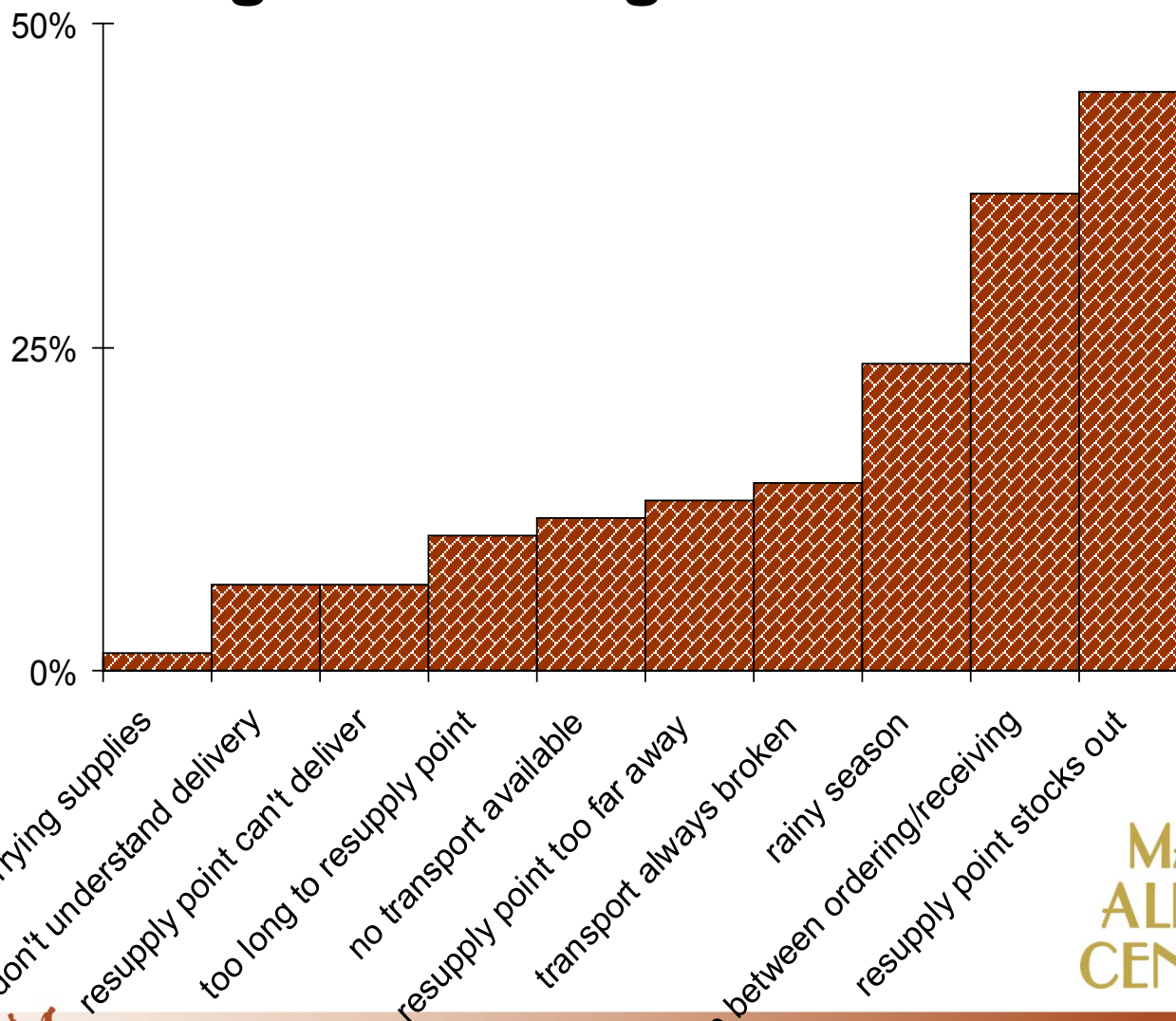
**% is among those HSAs who
report having some problem.
Multiple responses were allowed.*





Most Often Reported Problems Collecting / Receiving Products

**% is among those HSAs who report having some problem. Multiple responses were allowed.*





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

- Training on SCM
 - Most HSAs that manage products reported being trained in SCM
 - Majority of staff at resupply points also reported being trained in SCM

Key Message:

Capacity to complete standard procedures could be improved



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HSA Reported Training in Supply Chain Management



	Manages Health Products?	
	Yes (N=139)	No (N=109)
% HSAs reported being trained in any one of record keeping, ordering, reporting (combined as a %)	90%	12%
% HSAs reported being trained in any one of receiving, storage and FEFO (combined as a %)	91%	13%
% HSAs reported being trained in transportation	88%	10%

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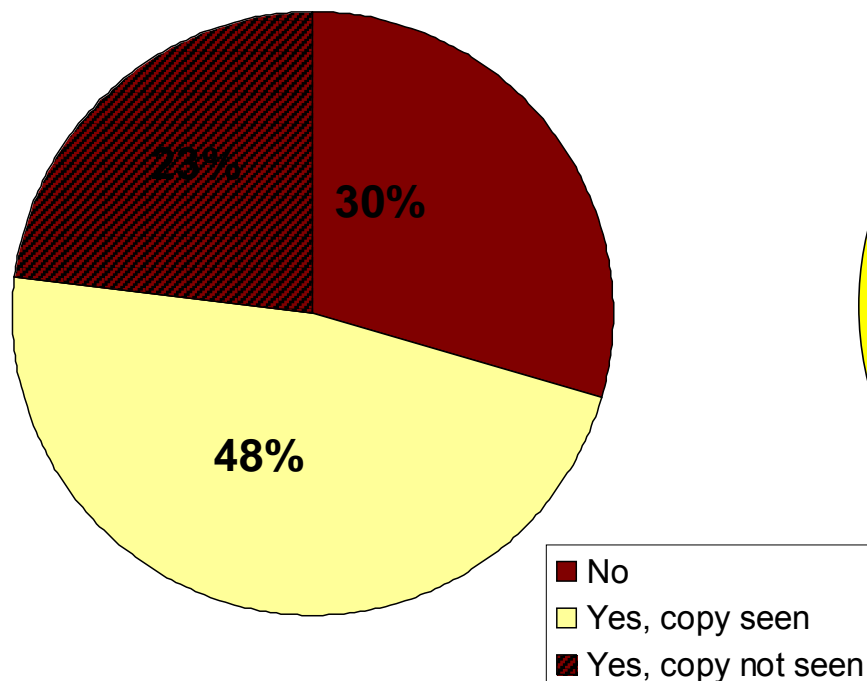




Standard Operating Procedures

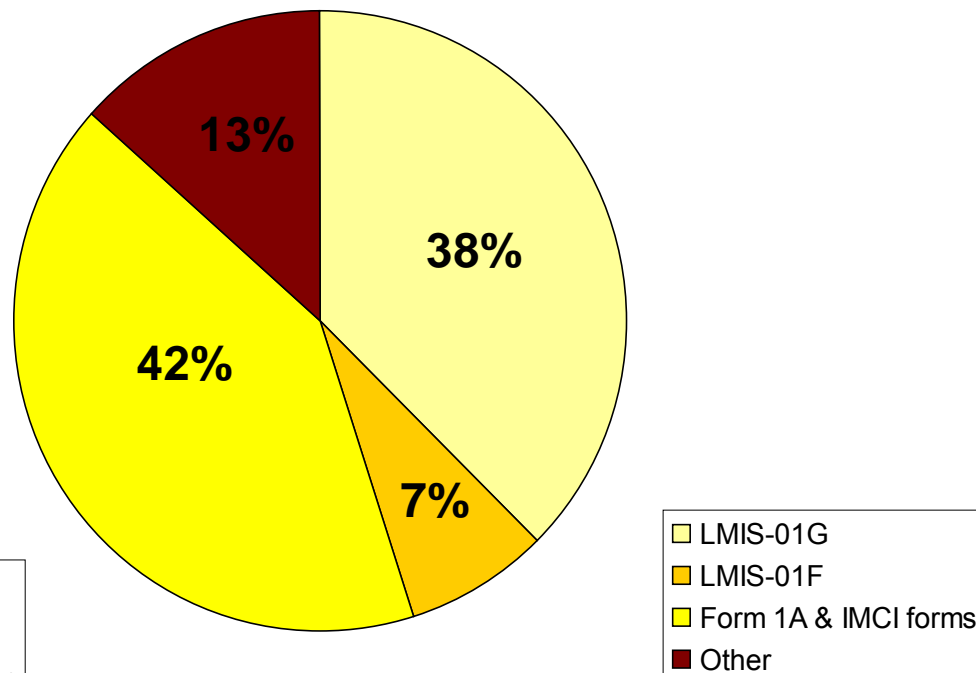
HSAs with SOPs available

% HSAs with SOPs Available (n=139)



Type of forms HSAs use

% Reporting Forms Used by HSAs (n=136)



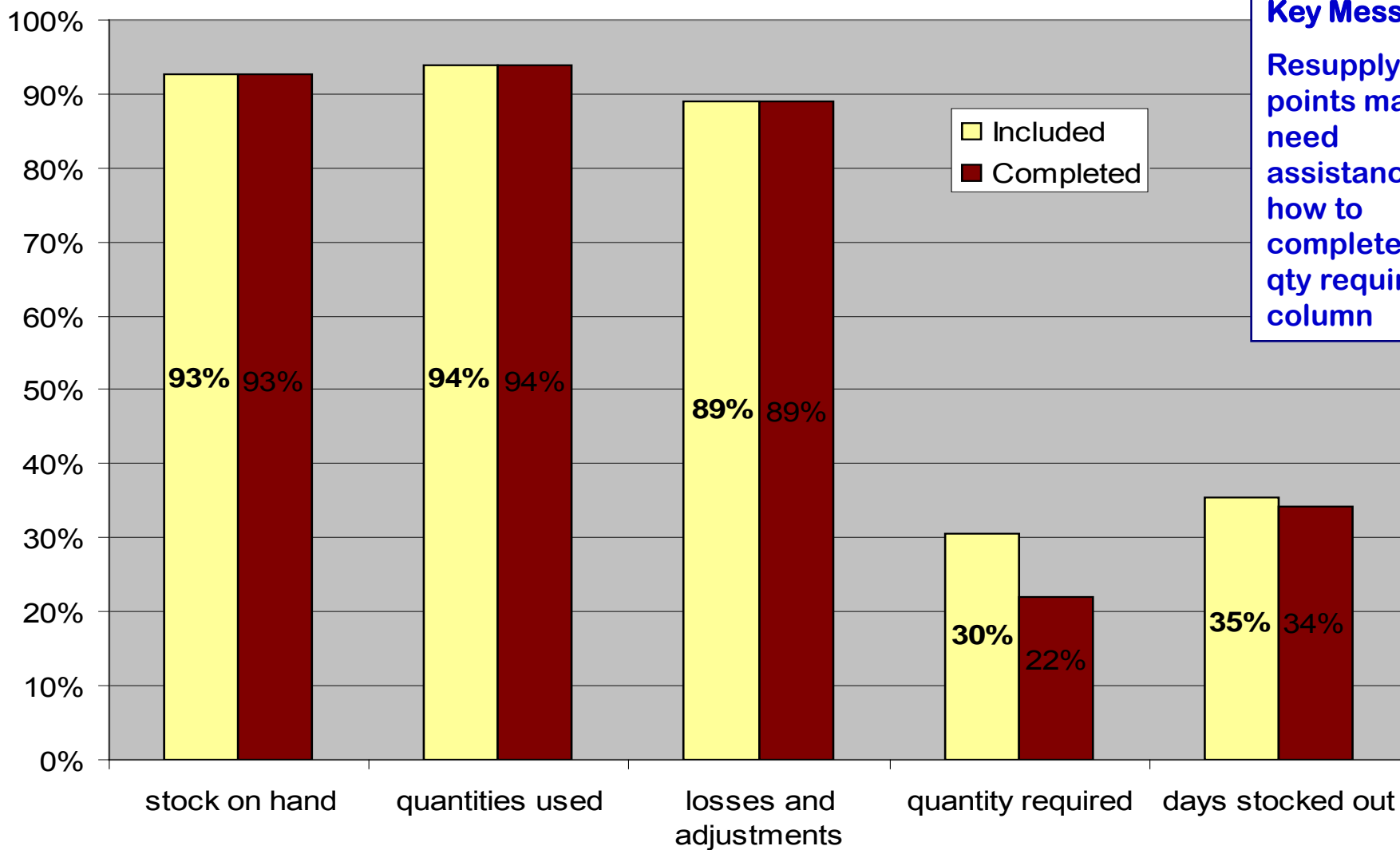
Key Message: Over 80% HSAs use standard forms, but significant variation in terms of forms used





Completion of HSA LMIS Reports

% of Information Included and Completed on HSA Reporting Forms
Viewed at the HC Level (n=82)

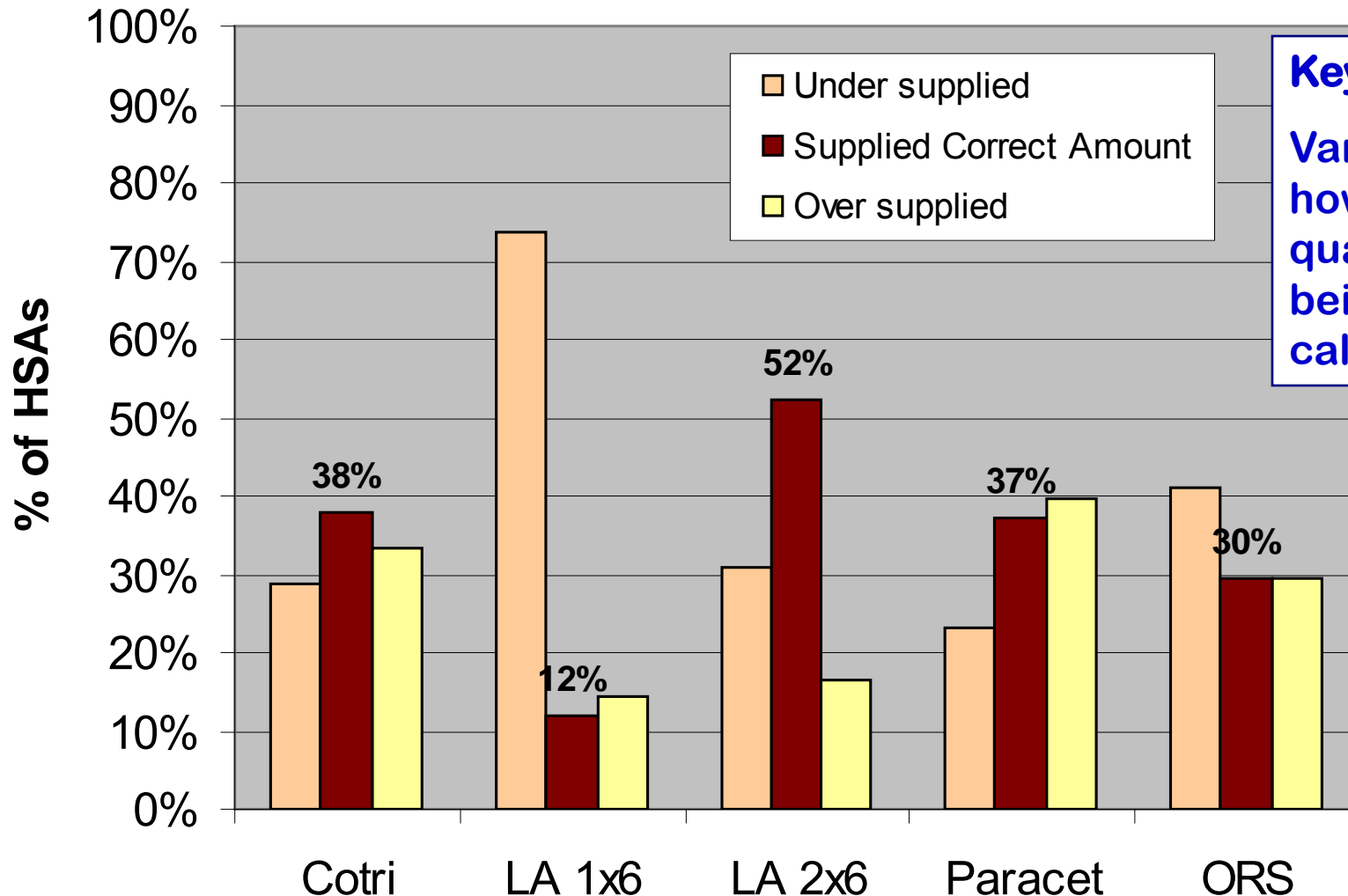


Key Message:

Resupply points may need assistance in how to complete the qty required column



Resupply Fill Rate for HSAs by Resupply Points



Key Message:

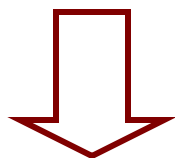
Variations in how resupply quantities are being calculated



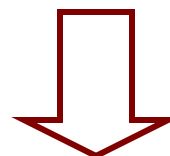
Access to Communication Technology



94% of HSAs who manage health products have a mobile phone



62% have network coverage at work all the time,
85% have at least sometimes



27% have internet access on cell phone

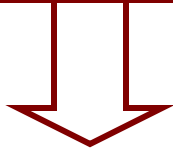




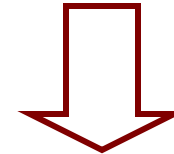
Access to Communication Technology: Resupply Points and HSAs



89% of HSAs who manage health products
and their resupply point **BOTH** have
mobile phones



12% both HSA and
resupply point have
network coverage at
work all the time,
67% at least
sometimes



5% both HSA and
resupply point have
internet access on
cell phone





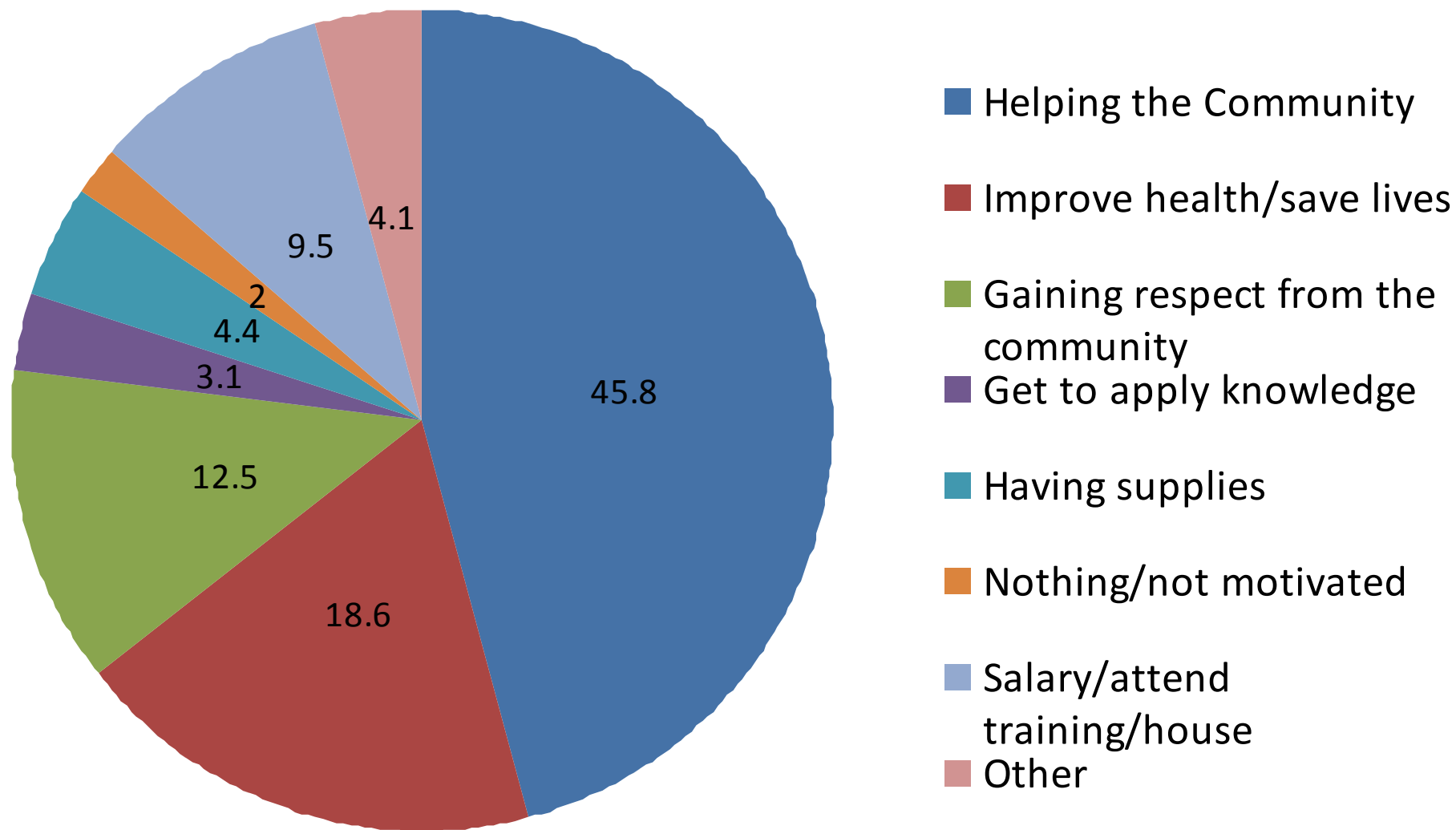
HSAs are motivated to perform their roles in the CCM product supply chain

- Most HSAs reported being highly satisfied with their job
- Most reported receiving supervision on a regular basis that includes SCM
- Feedback on SCM was not as regular





Main Factors Motivating HSAs



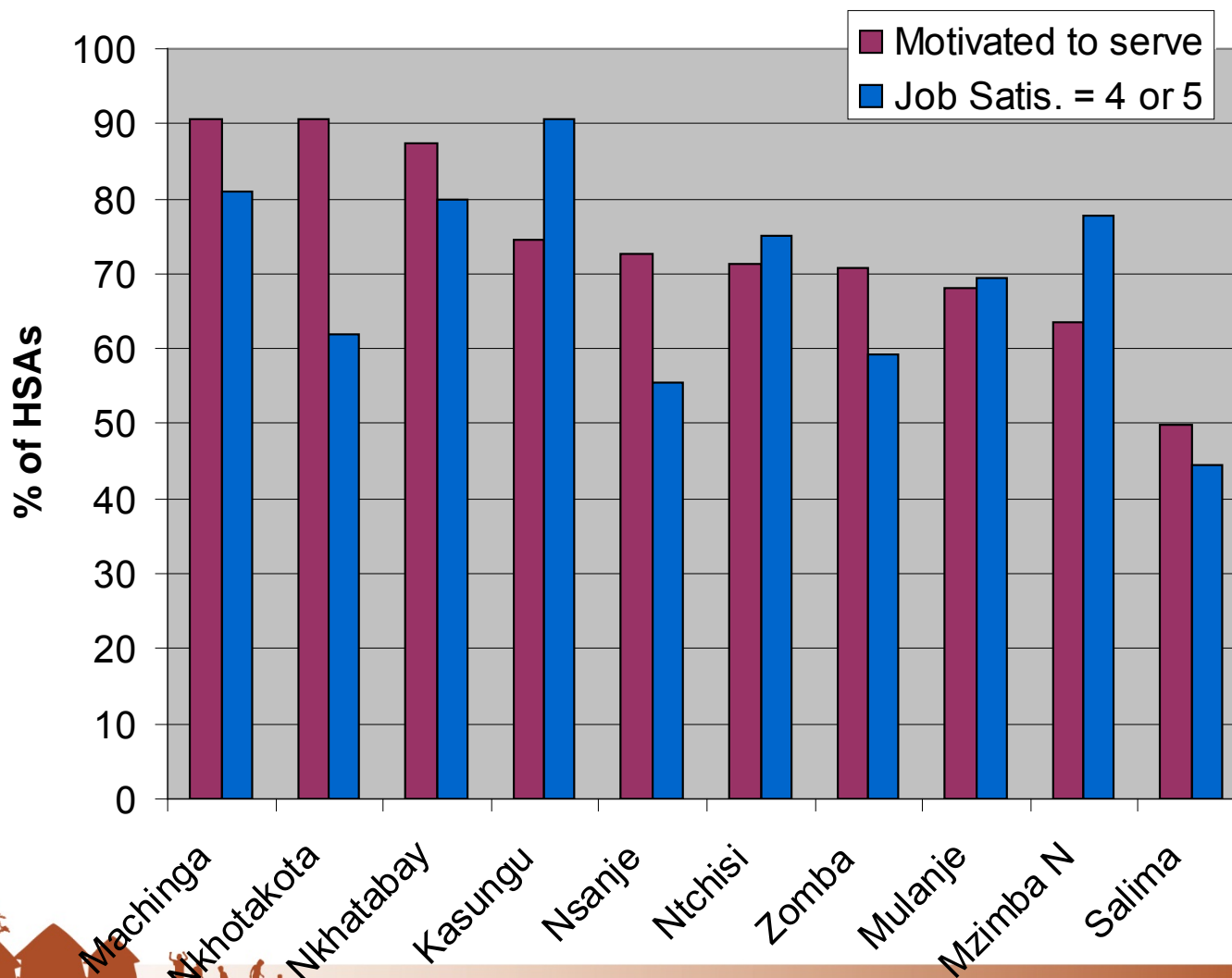


What Motivates HSAs by Job Satisfaction





High Job Satisfaction vs. High Motivation to Serve Community, by District





Supportive Supervision

83.6% of HSAs reported receiving a supervisory visit in last 3 months

96% of supervisors reported providing supervision to HSAs at least every 3 months

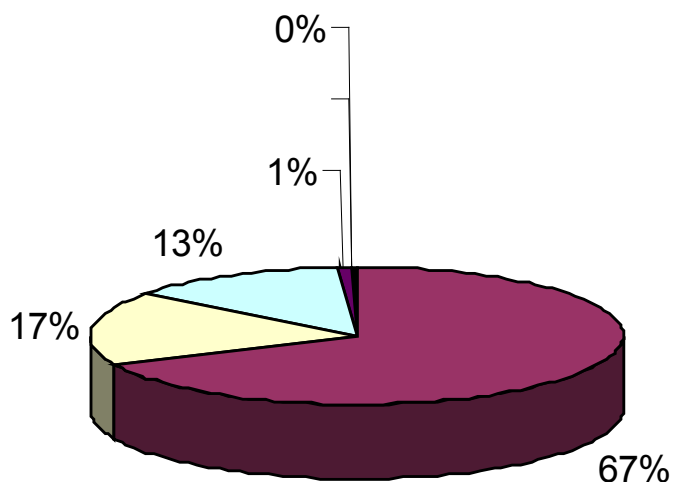




Where Did Supervision Take Place



JSI Research & Training Institute, Inc.



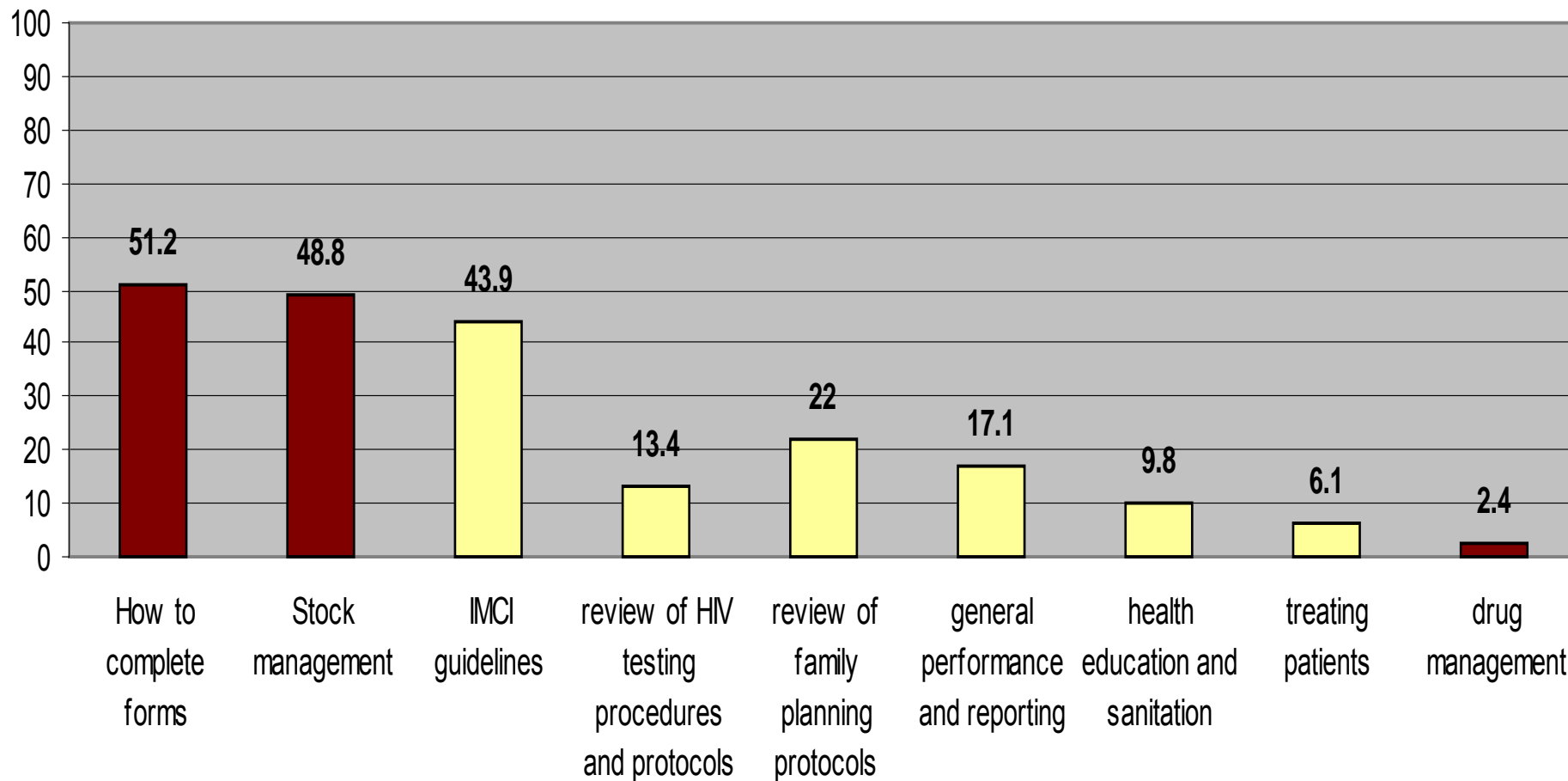
- at community or village clinic
- I have never received supervision
- at health center
- other
- at community or village clinic
- or at health center





Reported Areas of Supervision

% of Supervisors interviewed who report HSA supervision includes:

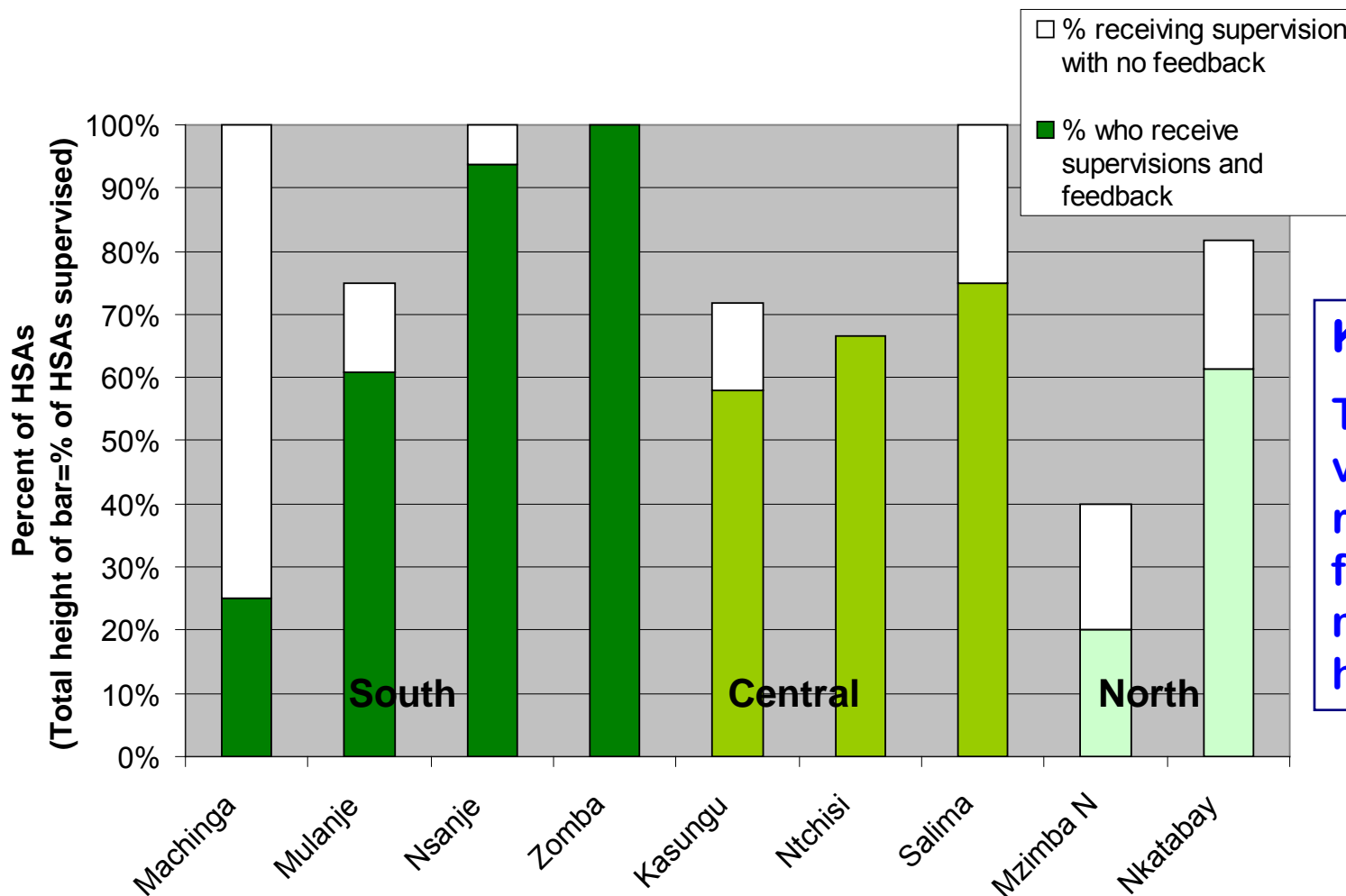




Supervision and Feedback on SCM



JSI Research & Training Institute, Inc.



Key Message:
There is a wide variation in the rate of feedback on managing health products



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Supply Chains ⁴ Community Case Management



What Motivates the HSAs?

“help community to access drugs”

“many children have access to medicines, community appreciates my work”

“cooperation with people, meet a lot of people, helping community members have access to drugs”

“more knowledge”

“helping & knowing people, called as dr. Drug box”

“earn a living, treat children very near and community happy”

“Serving the community”



“respected by community”

“meetings, supervision empowers me, community support”

“called Dr.”

“helping the community, mobile phones, managing drugs, knowledge increase”

“good relationship with community”

“salary”
“helping people, free medicine”

“treating children”

“using my knowledge to the fullest”

