

# Improving the availability of medicines for malaria and other childhood infections at the community level

Experiences scaling and institutionalizing promising supply chain innovations in Malawi and Rwanda



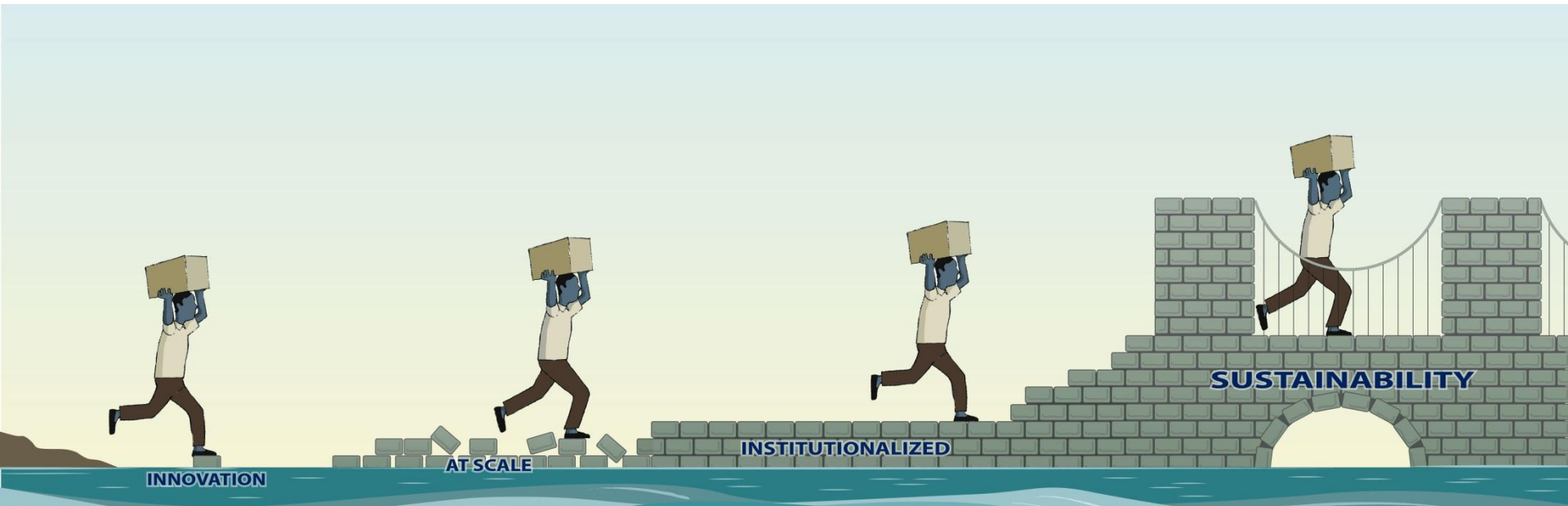
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# Supply Chains for Community Case Management (SC4CCM) Project



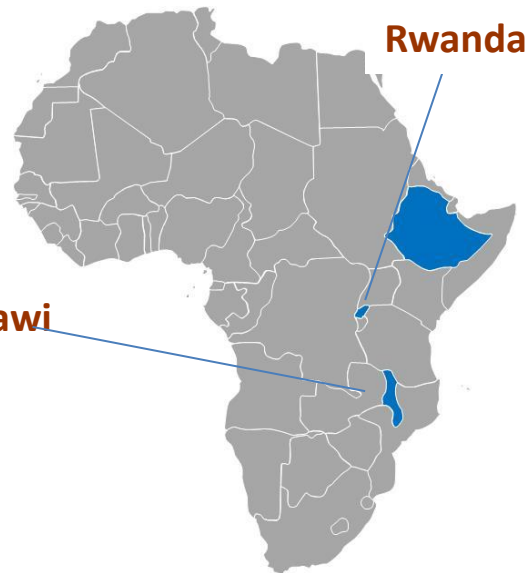
SC4CCM is a learning project that seeks to demonstrate that **supply chain obstacles** at the community level **can be overcome** and identifies **proven, simple, affordable** solutions that address unique supply chain challenges faced by CHWs. The project seeks to foster a **sustainable approach** to scale up to ensure that MOH can own and adapt successful models to strengthen community supply chain practice.



Selection criteria for innovations included whether they could be **scaled, institutionalized** and **sustained** by MOH partners; several potential innovations were discarded in each country that didn't meet all the criteria

# Identifying Major Supply Chain Bottlenecks Using Baseline Assessments and a Theory of Change in Malawi and Rwanda

## Where we worked ...



### Baseline Results

- **27%** of HSAs who manage health products had 4 CCM tracer drugs\* in stock on day of visit
- Poor HSA logistics data visibility with only **43%** HSAs reporting logistics data to HC
- **94%** of HSAs surveyed had a mobile phone

### Baseline Results

- **49%** of CHWs who manage health products had 5 CCM tracer drugs\*\* in stock on day of visit
- No standard procedures or formulas for calculating resupply quantities for CHWs
- Information flow **not aligned** with product flow; CHWs report to multiple places, but often not to their resupply point.

In both countries, results pointed to a **lack of CHW logistics data visibility** and **weak coordination** between CHWs, health centers (HCs) and districts as **barriers** to community level availability of medicines, including ACTs

\* cotrimoxazole, ACT 1x6, ACT 2x6, ORS

\*\* cotrimoxazole, ACT 1x6, ACT 2x6, ORS, zinc

# Malawi Intervention: The Enhanced Management Approach (cStock and DPATs)



Addressed data visibility challenges by implementing an **mHealth system** called **cStock**...

And paired it with a team-based, goal focused approach for supply chain improvement, **District Product Availability Teams (DPATs)**

## cStock

- CHWs use their own basic GSM phones to report logistics data monthly
- System calculates resupply quantities for HCs to prepack
- Provides management reports via easy-to-use, web-based dashboard

## DPATs

- Product availability teams made up of CHWs, HC and district staff and set combined performance goals
- Teams use structured approach for problem solving and action planning
- Recognise and reward supply chain performance and achievements

## Results

- ✓ **62%** of CHWs had the 4 tracer drugs\* in stock DOV (compared to 27% BL)
- ✓ HSAs in districts using cStock had **14% fewer stock outs or low stocks** than other districts
- ✓ More than **80% of CHWs** report logistics data every month (vs. 43% at BL)
- ✓ **91% of Drug Store in Charges** use stock to inform resupply quantities
- ✓ 56% of CHW supervisors use cStock data for performance monitoring
- ✓ 92% of CHW Supervisors know their recognition plan



# Rwanda Intervention: Standard Resupply Procedures and Quality Collaboratives



Addressed data visibility challenges by implementing simple **standardized resupply procedures (RSPs)**...



And paired them with **Quality Improvement Teams (QITs)** to test innovations and generate local best practices that can be shared

## RSPs

- CHWs provide stock on hand data to Cell Coordinators (CCs)
- CCs use resupply “calculator” to determine resupply quantities
- HCs collect resupply worksheets from 10-15 CCs instead of 100+ CHWs to fill orders
- CCs collect products and distribute to CHWs

## Quality Collaboratives

- Quality Improvement Teams consisting of CCs, HC and district staff (coaches) aimed at implementing RSPs, and improving product availability
- CCs collect data during supervision
- QITs use data and structured approach to problem solving and action planning

## Results

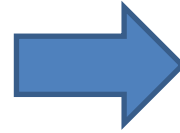
- ✓ Intervention groups in Rwanda had **22%** greater product availability than the comparison group
- ✓ **99% CCs** report no problems completing resupply worksheets
- ✓ 75% of expected members attended quality improvement team meetings
- ✓ Greater than **90%** availability of stock cards for most products

# Translating Evidence into Action



## Data Validation Workshops

- Presentation of intervention specific results to selected CHWs, HC, district staff from intervention districts
- Review of key data, interpretation within local context
- Discussion on effectiveness, affordability, value of intervention considering result and experience



## Scale Up Package and Plan

MOH and partner consensus on elements of intervention to implement nationally



## A Structured, Planned Approach to Scale Up and Institutionalization

### The Pathway to Supply Chain Sustainability Tool

- Developed as a planning tool for scaling and institutionalizing innovations within public sector supply chains
- Participants assess “readiness” for scale up and institutionalization of the innovation on a scale of 1-5 and then develop action plans for how to move to the next level
- Five domains to be assessed: Organizational Coordination, Organizational Capacity, Funding & Resources, Community & Staff Preparation and Tools & Technology

# Lessons Learned: Scale Up and Institutionalization



- Using the Pathway to Sustainability Tool, each country was able to assess their readiness level and develop an action plan for scale up and institutionalization for each domain included in the tool
- The action plan must be complemented by strong country ownership, an effective coordinating mechanism and the ability to undertake policy change where needed



# Lessons Learned: Scale Up and Institutionalization



MOH in “theory” owns the innovation package, however ownership has to be operationalized:

- Formation of a taskforce (MOH chair) dedicated to the scale up and sustainability of SC innovations
- Finding champions in MOH by having central level advocates and trainers in every districts
- Capacity building of MOH to provide management and leadership
- Advocating with partners to integrate innovation package within their districts and share in costs of scale up
- Development of multi-year, comprehensive cost estimates and mechanism for sharing costs between partners





# The Critical Role of Partnerships

Malawi



Dimagi

WHO, Save  
Funding  
committed for 23  
of 30 districts

- Partner participation in MOH-led Innovations taskforce
- Integration of cStock into MOH workplans, job descriptions, training programs



Rwanda

6 districts

RFHP, UNICEF, UNFPA,  
Concern, World Relief  
funding committed for  
18 of 30 districts

- Partner participation in MOH-led CHD TWG
- Integration of RSP, QIT curriculum into CHW training package; district workplans



Ministry of Health (CHD, LMO)

A young child with dark skin and short hair is the central focus, looking towards the camera with a curious expression. The child is wearing a colorful patterned garment and an orange apron. They are standing next to a structure made of mud and wood. In the background, there is a lush green field and a large woven basket. A teal plastic container is visible in the foreground. The overall scene is set in a rural, natural environment.

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