SC4CCM

Supply Chains 4 Community Case Management

Supply Chains for CCM: Preliminary Baseline Results & Priority SC Intervention Areas

SC4CCM Project Goal

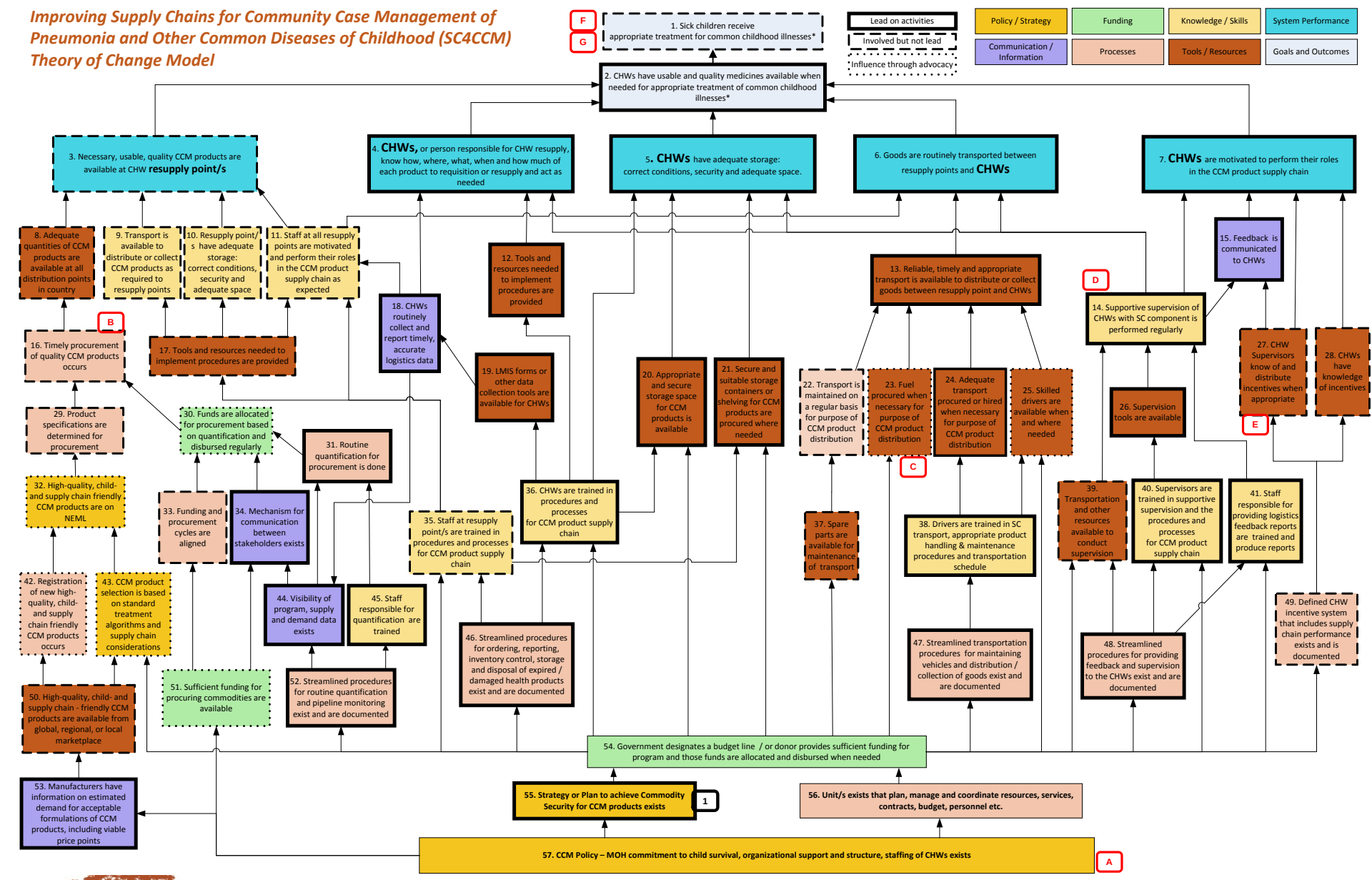
SC4CCM will identify, demonstrate, and institutionalize supply chain management practices that improve the availability and use of selected essential health products in community-based programs

- In partnership with MOH, CCM and supply chain stakeholders in Malawi, Ethiopia and Rwanda

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

Improving Supply Chains for Community Case Management of Pneumonia and Other Common Diseases of Childhood (SC4CCM) Theory of Change Model



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SC4CCM Core Indicators

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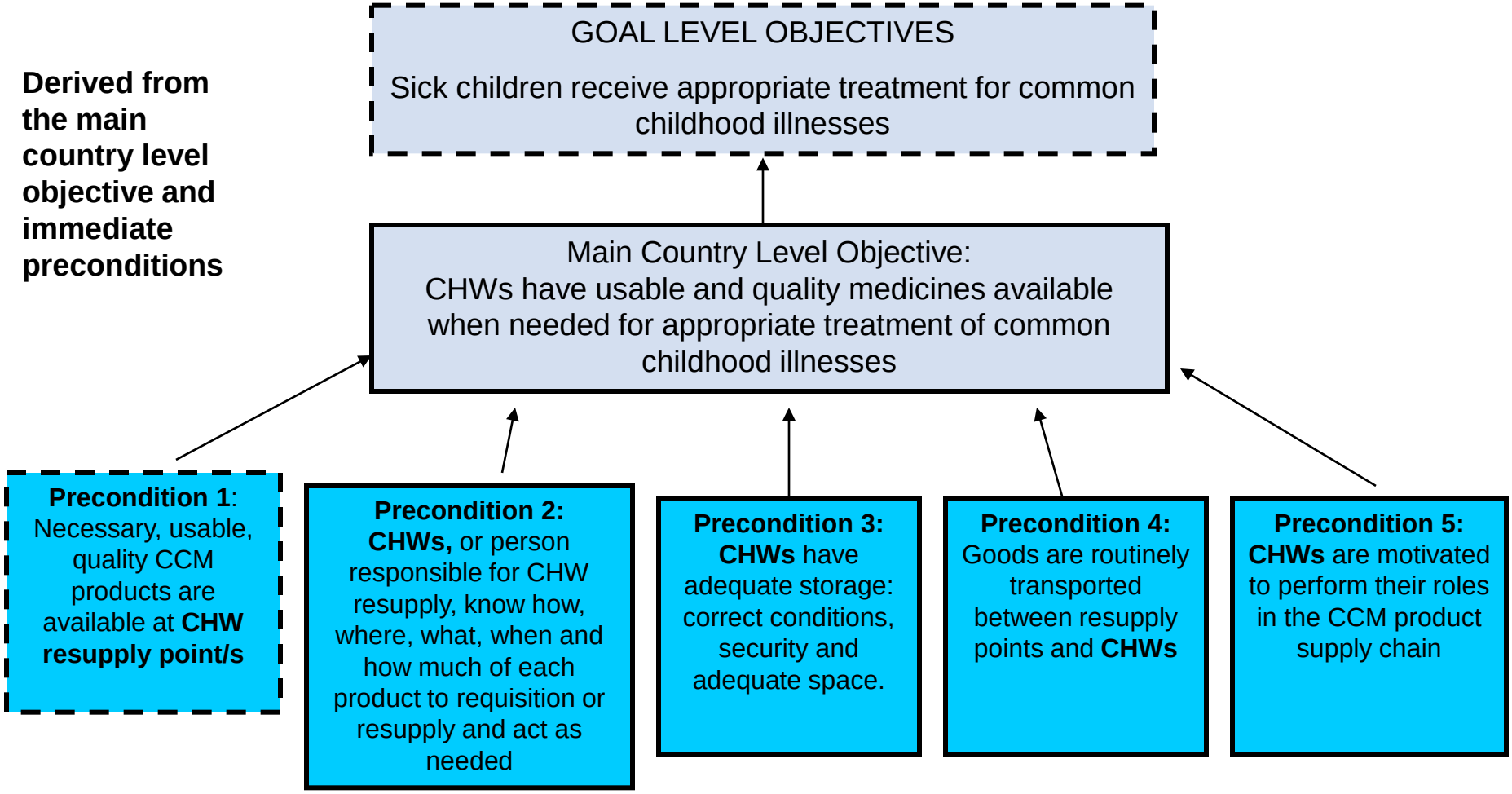
Derived from the main country level objective and immediate preconditions



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Preliminary Baseline Results: Malawi

Describing the HSA Sample

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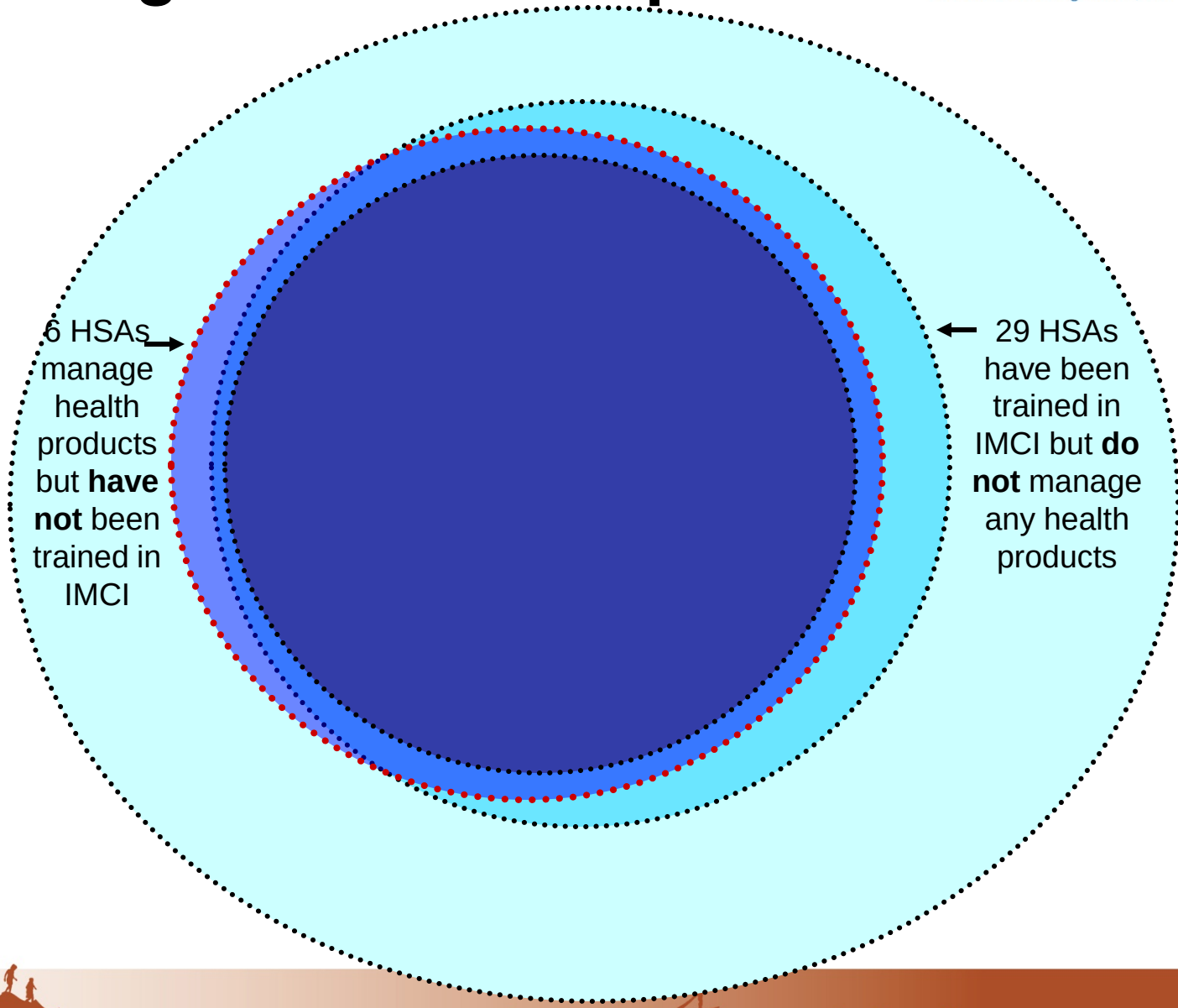
All HSAs interviewed (N=248)

65% HSAs have received IMCI training (N=162)

56% HSAs manage any health products (N=139)

54% HSAs are both IMCI trained and manage any health products (N=133)

46% HSAs manage all three CCM products (N=114)



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

Of the HSAs who manage health products

27% had the 4 tracer drugs* in stock,

35% had the 3 tracer drugs** in stock

on the day of visit

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 Products In Stock

(Day of Visit)

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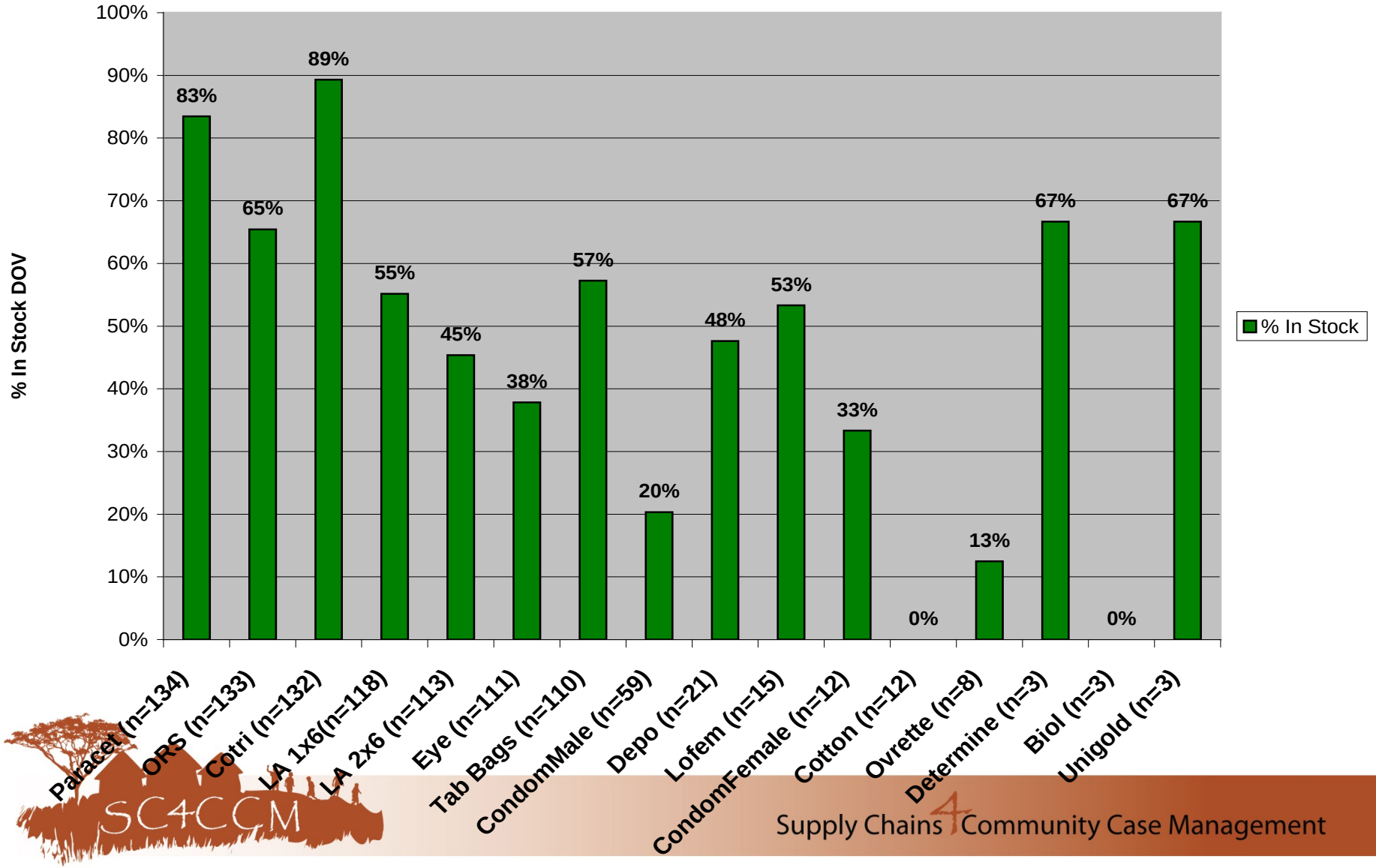

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Preliminary Baseline Results: Ethiopia

Describing the HEW Sample

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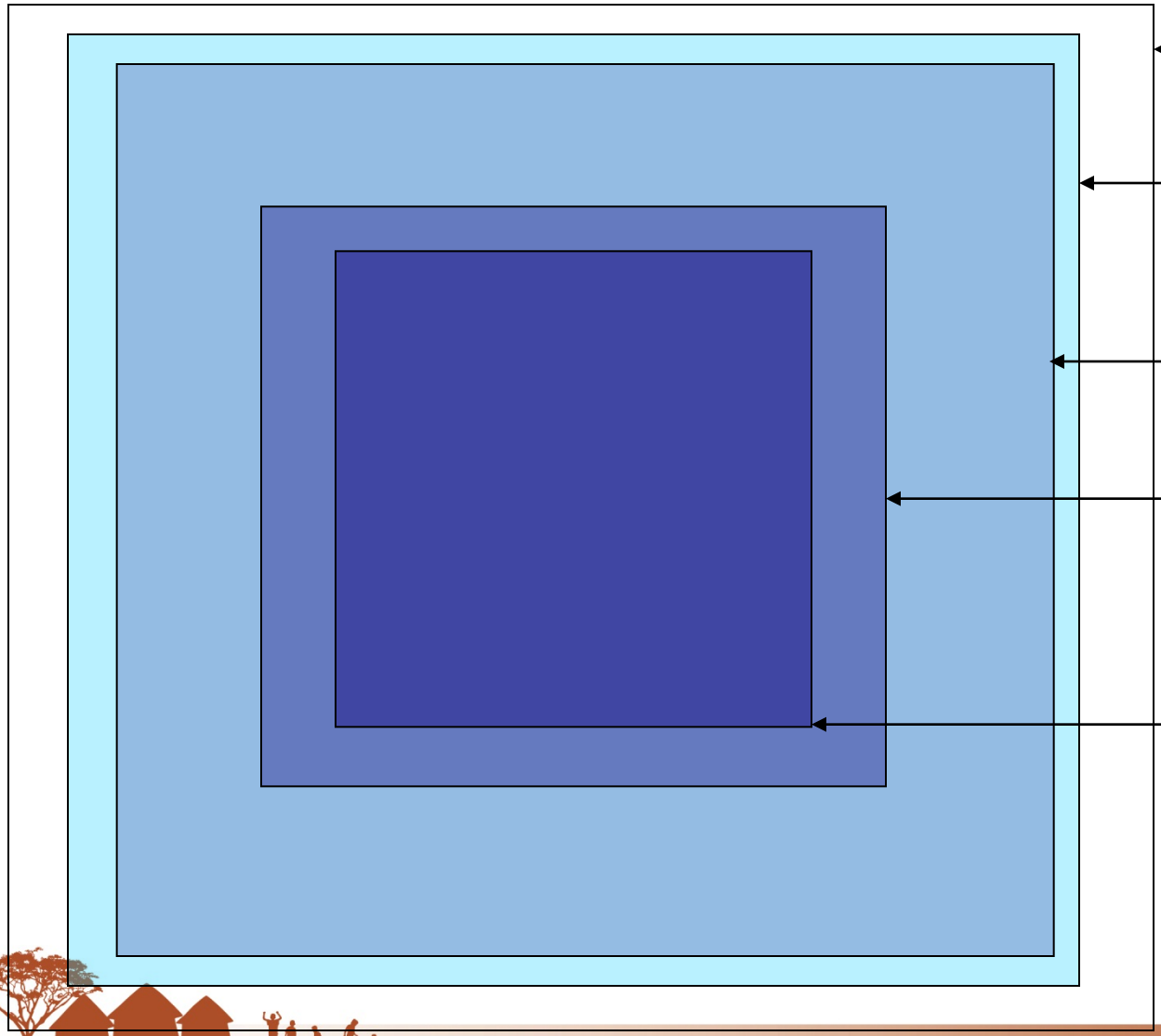

245 HEWs sampled

241 HEWs manage at least one product

230 HEWs manage both COCs *and* DMPA

121 HEWs manage ORS, RUTF, COCs *and* DMPA

71 HEWs manage ORS, RUTF *and* any ACT*, COCs *and* DMPA

*ACT1x6, ACT 2x6

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Main Country Level Objective:
HEWs have usable and quality medicines available when needed for appropriate treatment of common childhood illnesses

FP better established and better supplied

ACT is a limiting factor for product availability

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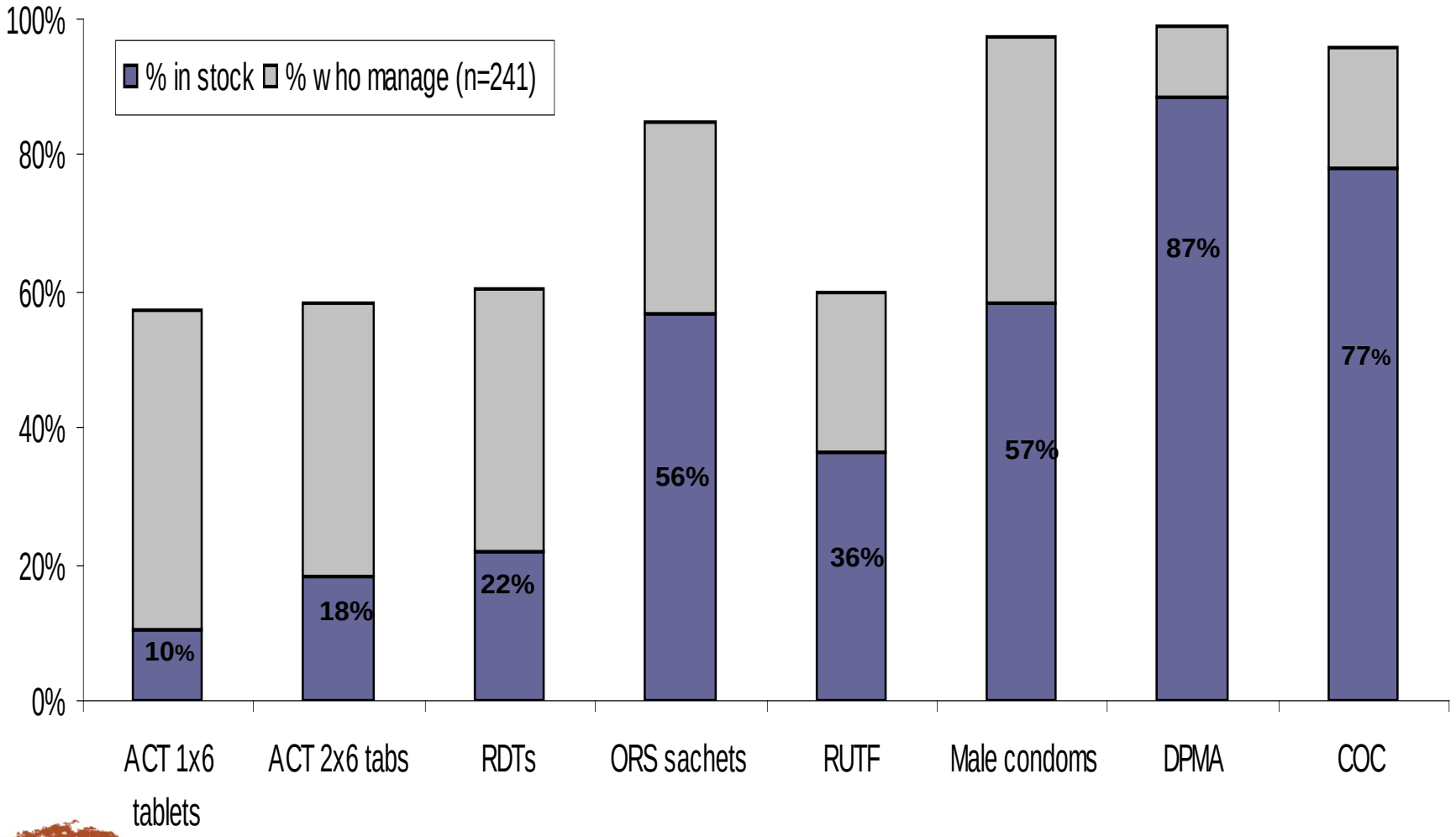
14 of 71 **(20%)** HPs with ORS, RUTF, COCs, DMPA and any ACT have them **all in stock**

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**

Stock on DOV at HP by Product



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Analysis of Product Availability Results by Precondition

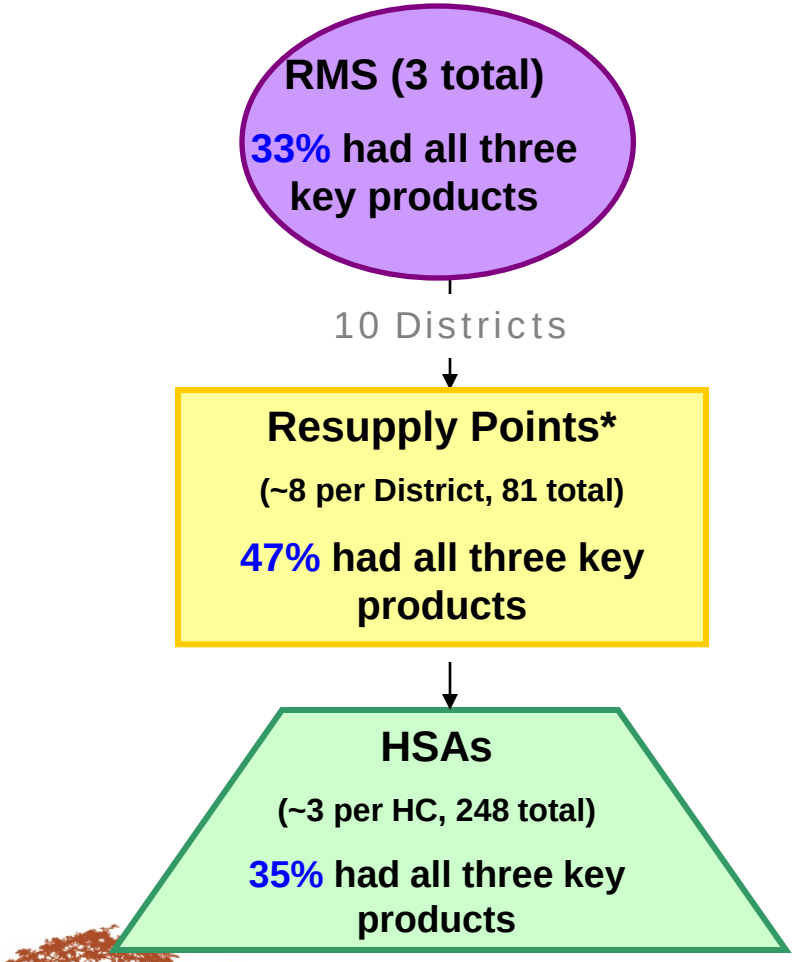
Malawi & Ethiopia

PRECONDITION 1: Necessary, usable, quality CCM products are available at CHW resupply point/s

Product availability at the resupply point appears to be strongly linked to product availability at the CHW, but there is much variability by district (Malawi) and region and product (Ethiopia)

Malawi Product Availability at all Levels

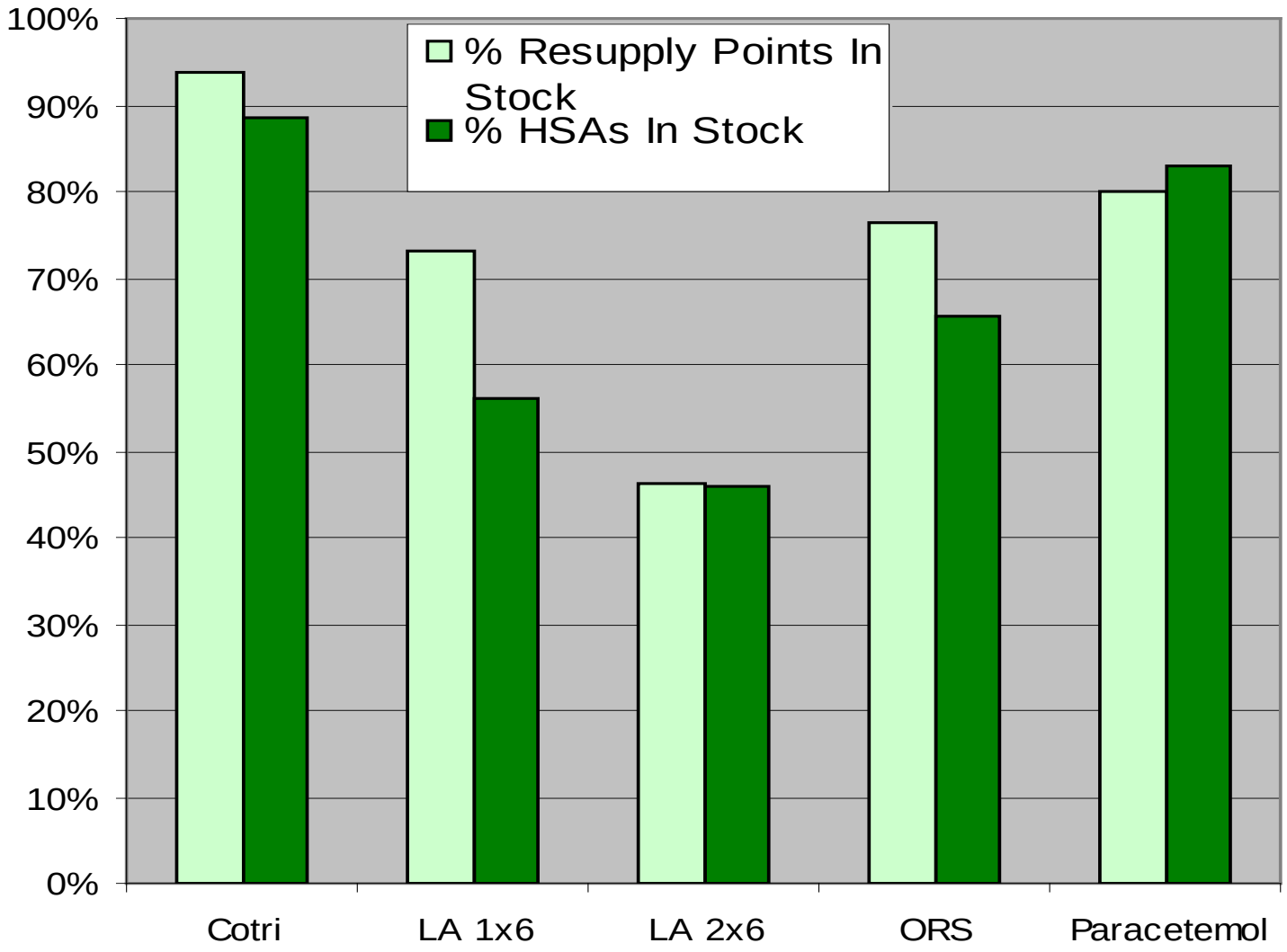
(Day of Visit)



- 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*

Malawi % Resupply Points & HSAs In Stock DOV



Ethiopia Product Availability at All Levels

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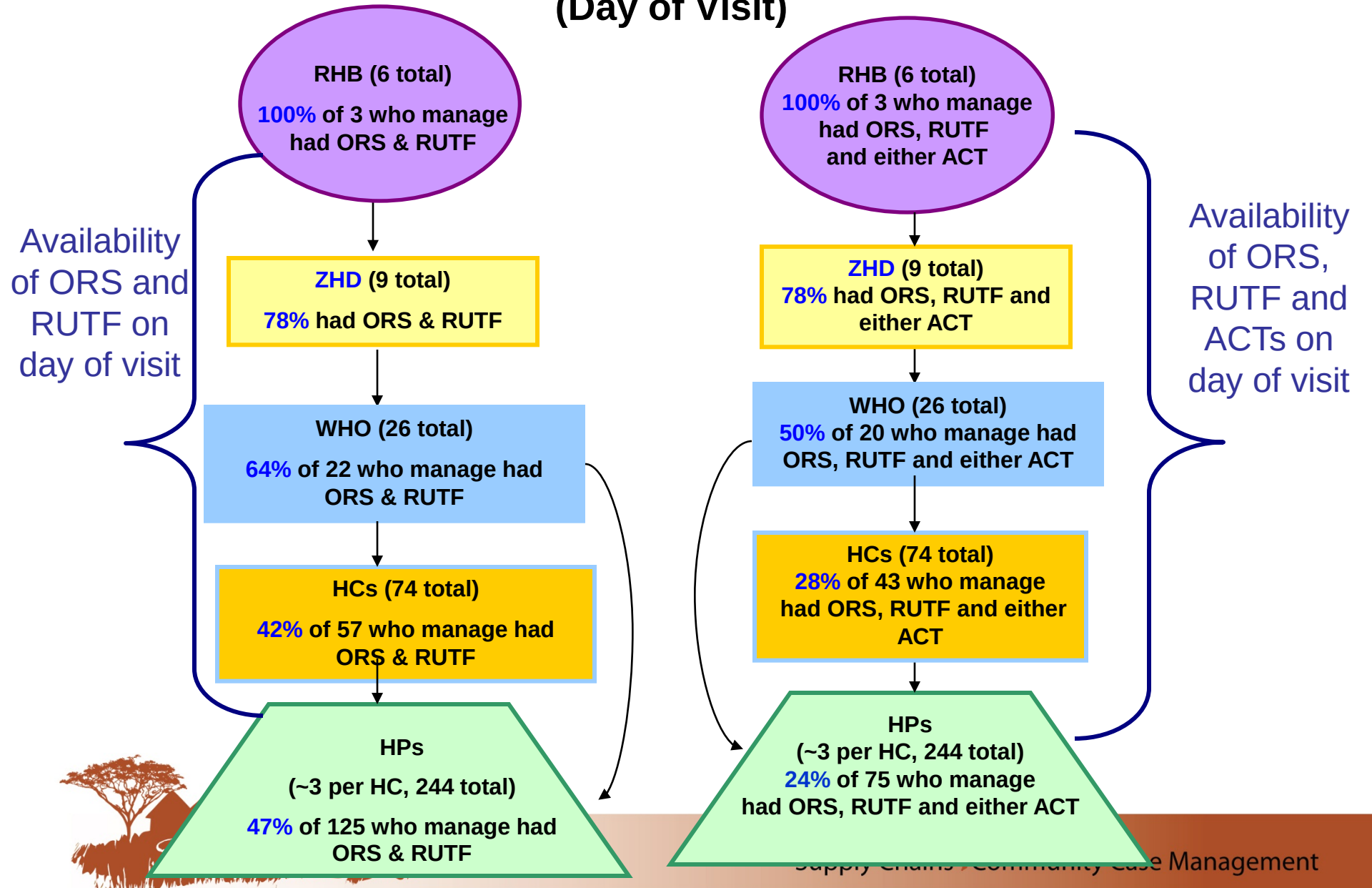
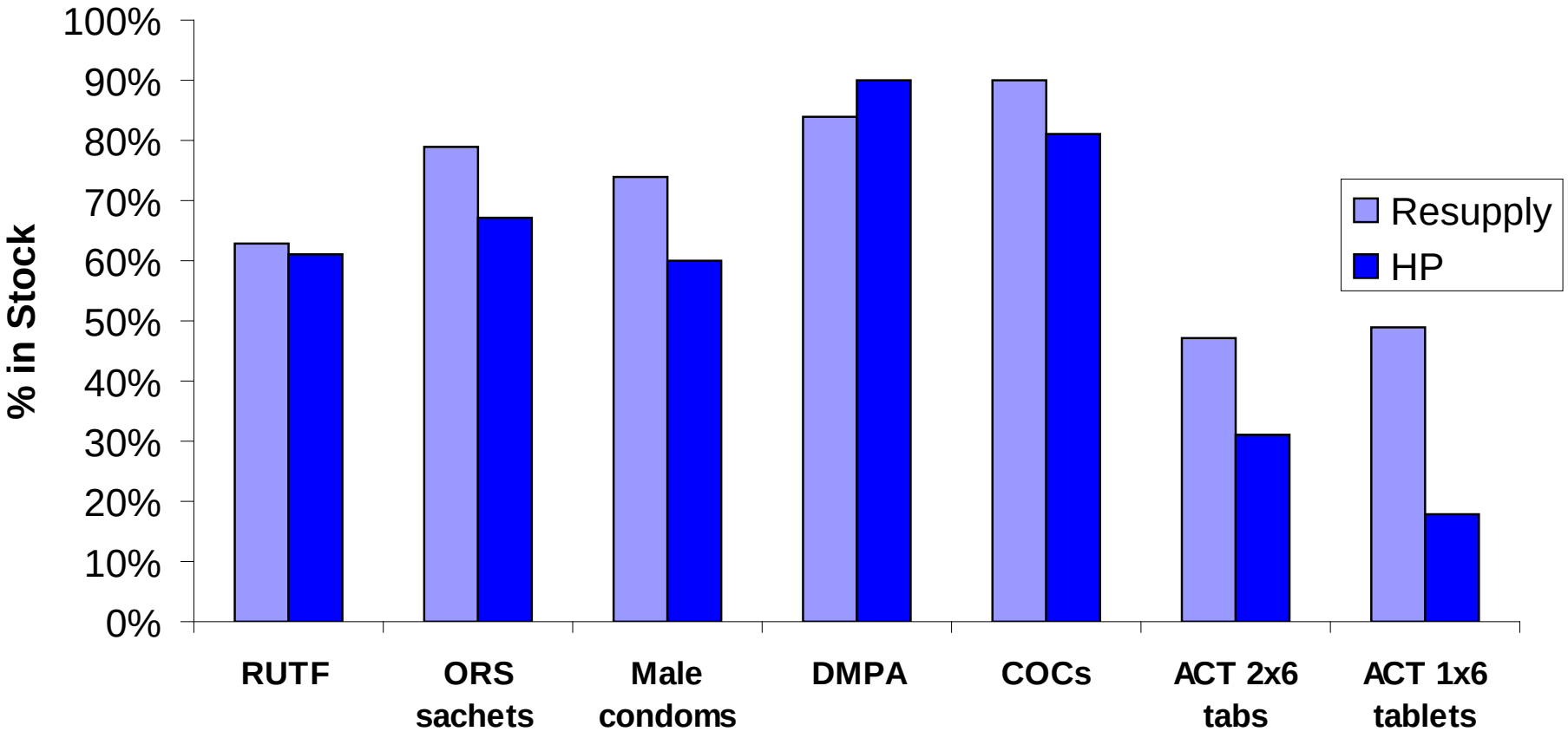
(Day of Visit)



Ethiopia % of Resupply Points and HPs in Stock on DOV

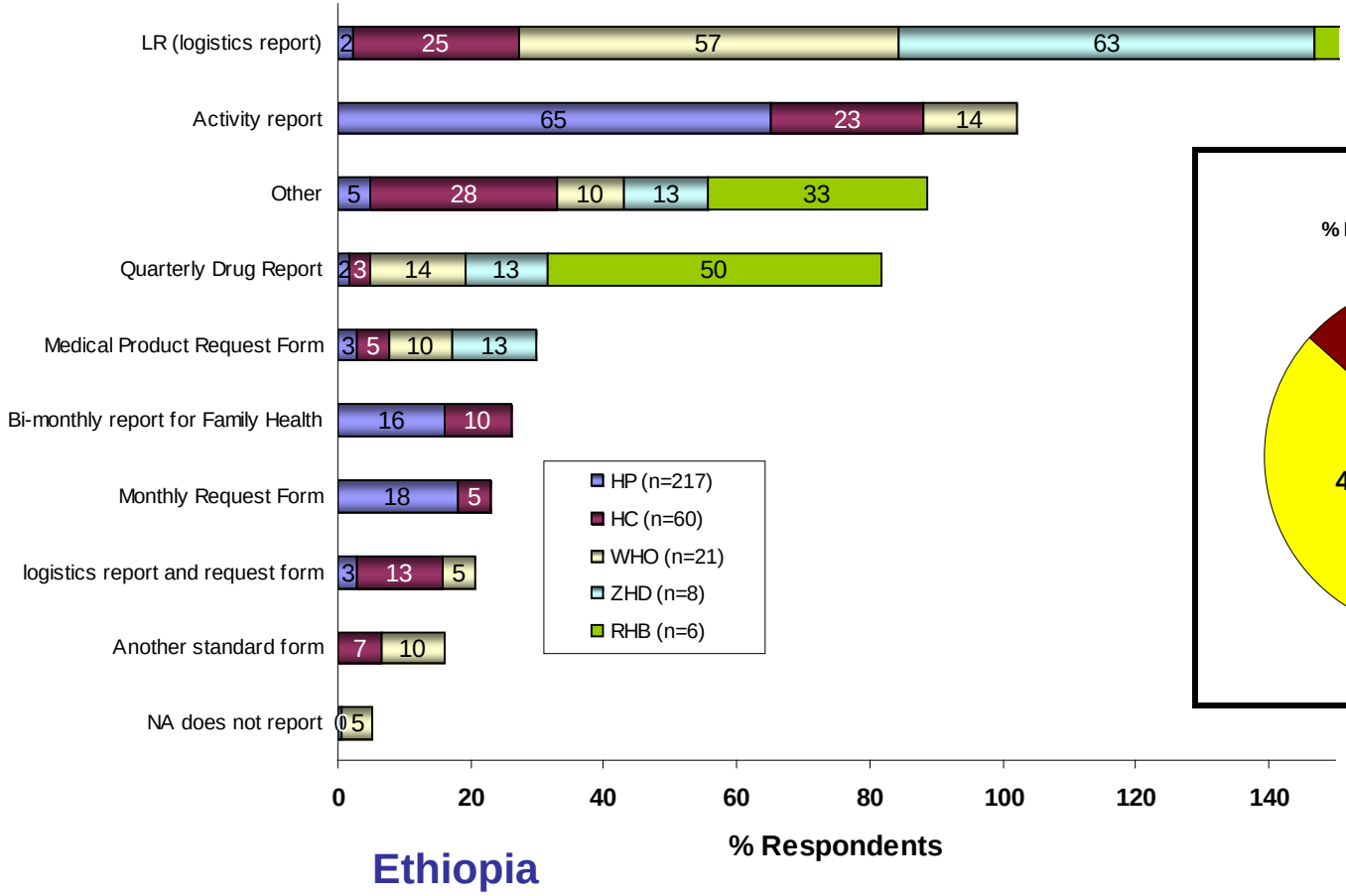


PRECONDITION 2: CHWs, or person responsible for CHW resupply, know how, where, what, when and how much of each product to requisition or resupply and act as needed

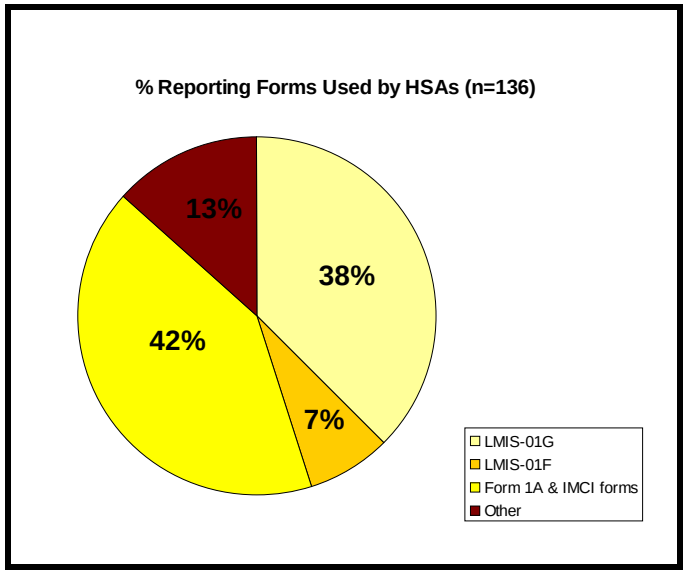
Formal SC training did not appear to be a strong driver of product availability

- Training reflected the maturity of the CHW program
  - Relatively high numbers of HSAs (59%) and resupply personnel (~75%) trained in SC in Malawi
  - Relatively low numbers HEWs (11%) and resupply personnel (8%) trained in SC in Ethiopia
- OJT was cited as a significant means of HEWs learning SC reporting forms in Ethiopia

Use of standardized forms can still be improved in both countries, especially Ethiopia

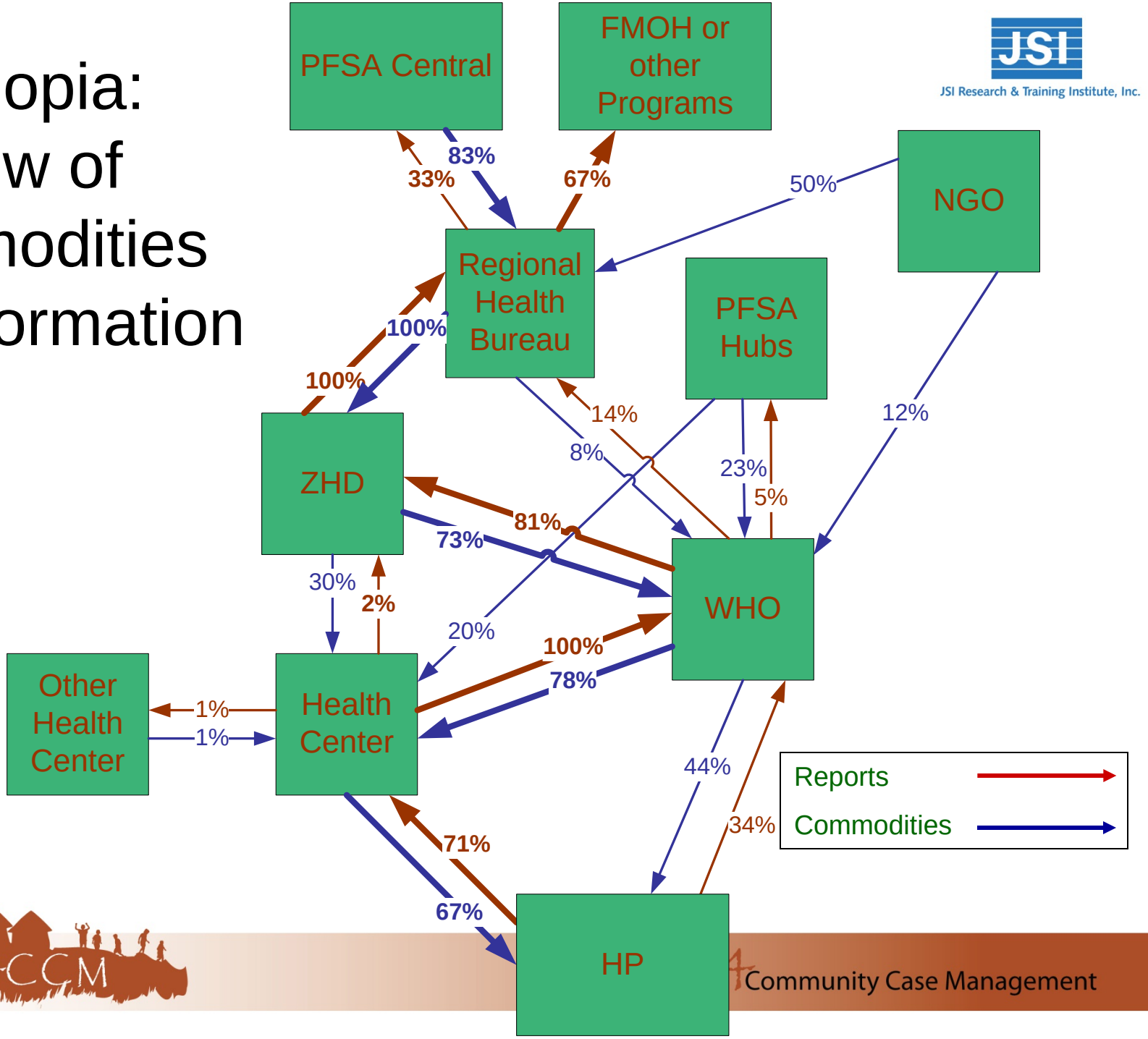


Ethiopia



Malawi

Ethiopia: Flow of Commodities and Information



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PRECONDITION 3: CHWs have adequate storage: correct conditions, security and adequate space

Storage did not appear to be a strong driver of product availability

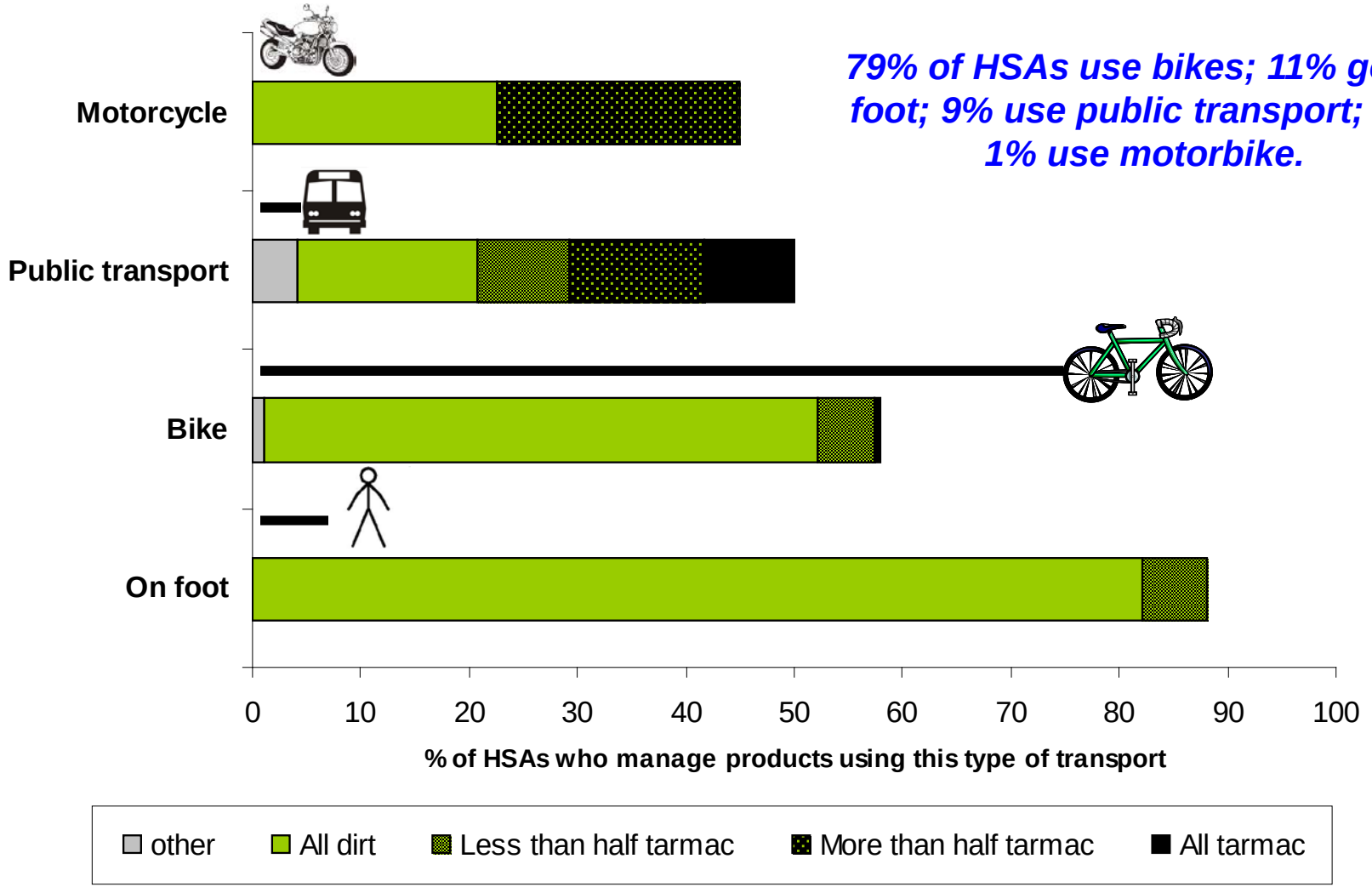
- HSAs on average score high on storage conditions (mean=6 conditions), although scores drop as the number of products an HSA manages increases
- HEWs on average score low on storage conditions, with the majority fulfilling 3 conditions or less

PRECONDITION 4: Goods are routinely transported between resupply points and CHWs

Transport is a challenge for CHWs

- On average HSAs are about **an hour by car** and majority HEWs are **about 30 mins** by car away from their resupply point
- In Malawi, **76 out of 139** HSAs report having problems collecting/receiving, with majority citing either resupply point stockouts and transport as their greatest challenges
- In Ethiopia, **80 of 121** HEWs who reported having problems collecting/receiving, cited **lack of transport** as the major constraint

Malawi Transport, Travel Time, Road Condition

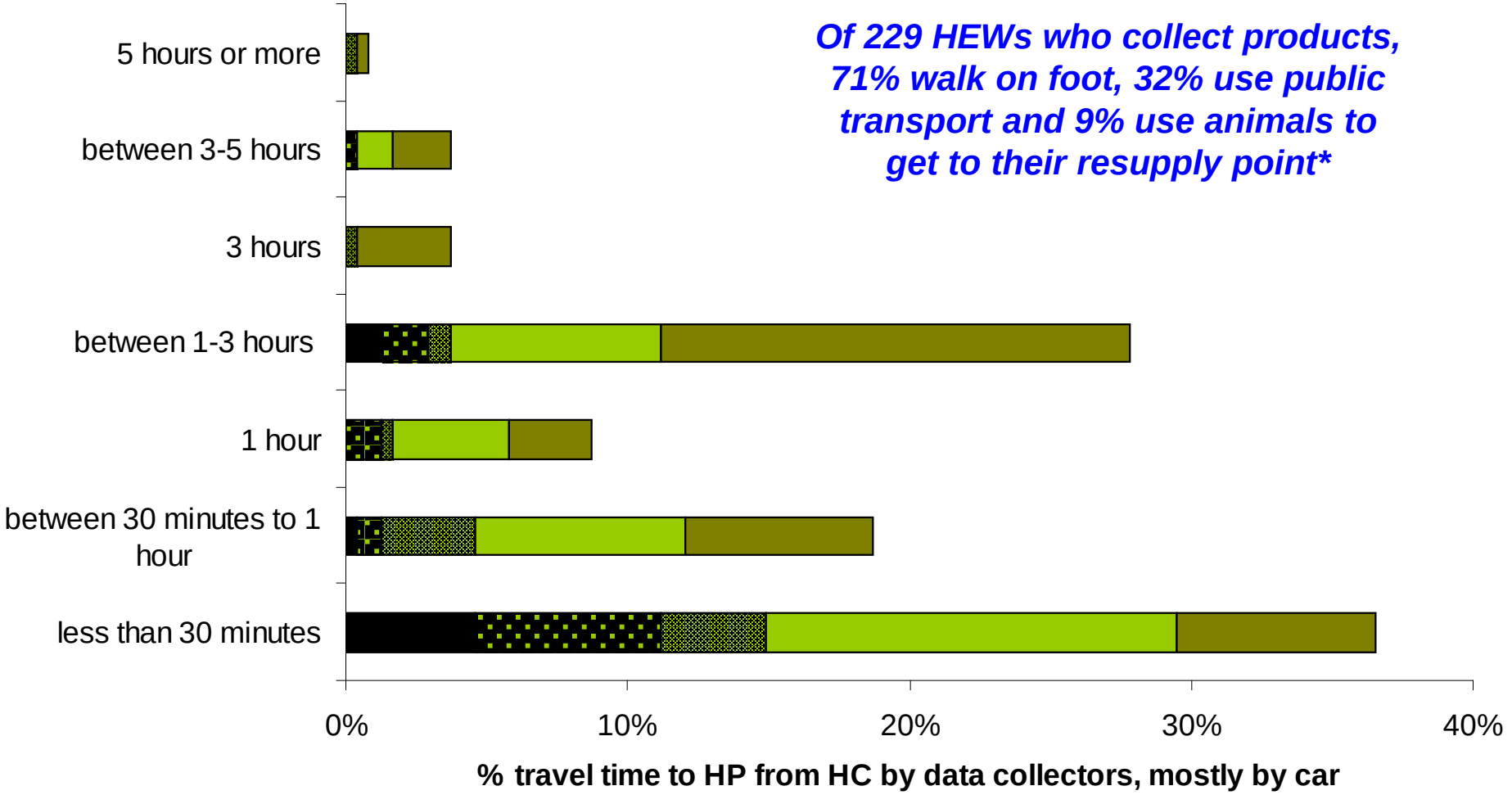


79% of HSAs use bikes; 11% go by foot; 9% use public transport; and 1% use motorbike.

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

Ethiopia Travel Time and Road Condition

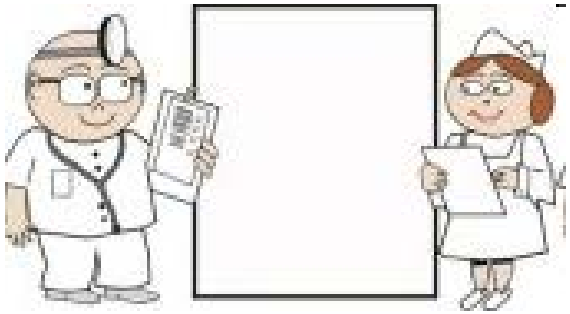
Of 229 HEWs who collect products, 71% walk on foot, 32% use public transport and 9% use animals to get to their resupply point*



PRECONDITION 5: CHWs are motivated to perform their roles in the CCM supply chain

- Most CHWs reported receiving supervision that includes some SCM on a regular basis

96% supervisors reported providing supervision to HSAs every 3 months



Last 3 months

Malawi

84% HSAs reported receiving a supervisory visit in last 3 months

96% supervisors reported providing supervision to HEWs every month

Ethiopia

Last month

81% HEWs reported receiving a supervisory visit in last month

Malawi Access to Communication Technology: Resupply Points and HSAs

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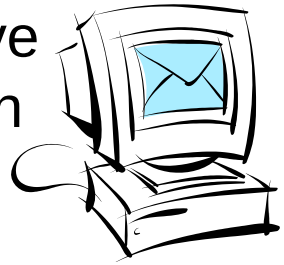
89% of HSAs who manage health products and their resupply point BOTH have mobile phones

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



Ethiopia Access to Communication Technology: HEWs

- 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

Preliminary Conclusions

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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**

Most significant drivers of product availability at CHW level

Precondition 4: Goods are routinely transported between resupply points and **CHWs**

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

In Malawi, SC training appears to be necessary but not sufficient to significantly improve product availability

CHWs receive frequent supervision in both countries, but content and quality of supervision can be improved to target SC problems

Precondition 5: CHWs are motivated to perform their roles in the CCM product supply chain

General Hypothesis Guiding Selection of Interventions

Current supply chain practices at CHW level are often an extension of the facility model, and innovative supply chain solutions that target the unique challenges of CHW need to be identified to significantly improve product availability

Improving Product Availability at Resupply Point: A Management Intervention

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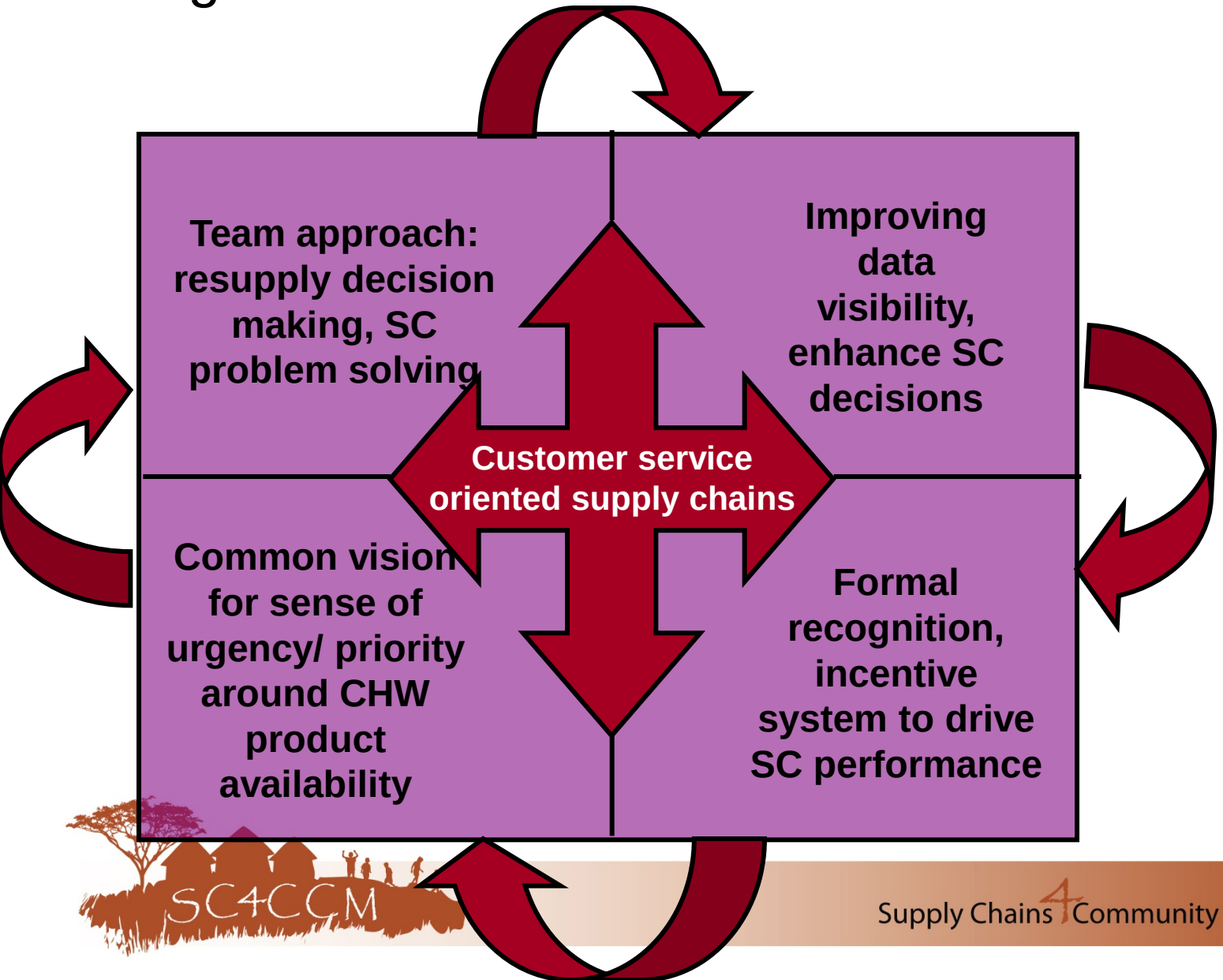


Simple solutions

Reinforce roles, relationships

2 bin ICS

Higher min, resupply less often

Stock balance data only

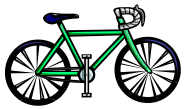
EOP so CHW can initiate action

SMS for better communication, routine reporting

Public recognition CHWs, districts

Improving Product Availability at Resupply Point: A Transport Intervention

- Vouchers
  - Quarterly vouchers for bike maintenance



- Delivery to CHWs
  - Direct delivery with motorcycles from resupply points
  - Outsourcing to third party to deliver to CHWs on a regular basis
  - Partnering with other supply chains to supply CHWs when emergency supplies needed

- Contingency plans for rainy season
  - increase stock levels just before rainy season
- Reduce transport burden - increase reorder period
  - If storage readily available, decrease to every other month resupply to reduce need for transport

Thank You

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