



Supply Chains **4** Community Case Management

CCM Supply Chain Baseline Assessment - Tigray, Ethiopia 2010



SC4CCM Project Goal



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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, PFSA, RHBS, ZHDs, CCM and supply chain stakeholders



Project Objectives



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- **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

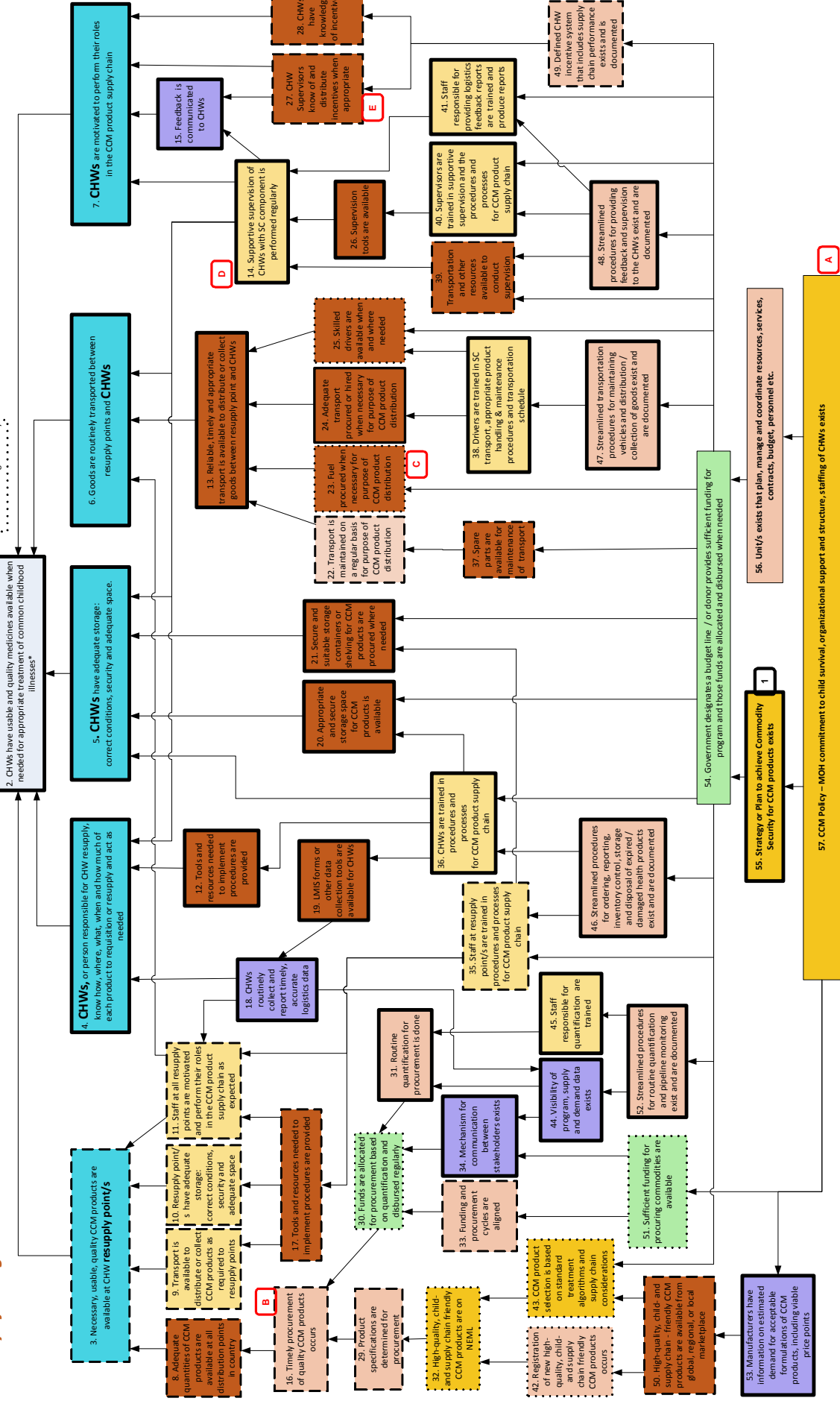
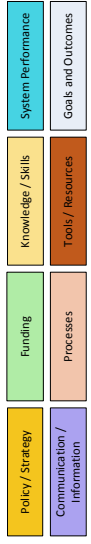


Principles – SC4CCM Theory of Change

If effective and efficient supply chain systems can be created to ensure that community health workers have consistent access to sufficient quantities of high quality, affordable essential medicines, they will be able to dramatically improve care and treatment for children.

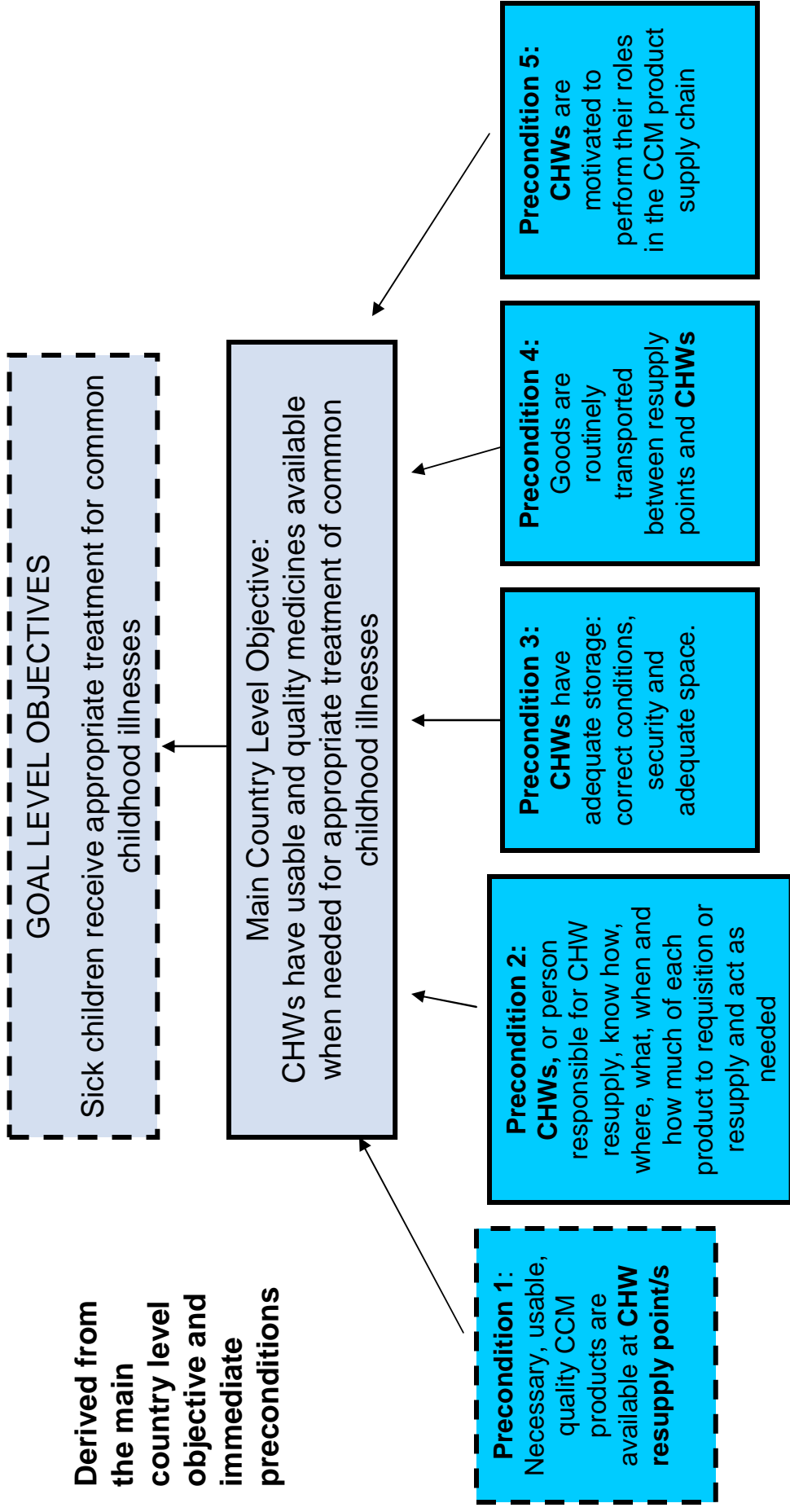


Improving Supply Chains for Community Case Management of Pneumonia and Other Common Diseases of Childhood (SC4CCM) Theory of Change Model



SC4CCM Core Indicators

Derived from
the main
country level
objective and
immediate
preconditions



Methodology

Both qualitative and quantitative methods were applied:

- Logistics System Assessment Tool (LSAT)
- Key informant interviews
- Logistics Indicators Assessment Tool (LIAT)
 - Mobile phones
 - Build local capacity partnering with local evaluation group, JaRco.



LSAT

- Two day group assessment
- Participants:
 - 36 FMOH and RHB participants
 - from Tigray: RHB (1), Woreda – Kiltie Awulaelo (2), HC – Negash (2), HP (1)
 - 9 participants from partner organizations - Ethiopian Pharmaceutical Association, USAID/DELIVER, MSH/SPS, Save-USA, Ethiopian Public Health Association, UNICEF, SCMS, JaRco



LIAT Sampling

Levels of Administration / Facility	Tigray	Amhara	SNNP	Oromia	Total
Regional Health Bureau (RHB) / Warehouse	1	1	1	3	6
Zonal Health Dept (ZHD)	0	3	3	3	9
Woreda Health Office (WHO)	3	10	6	7	26
Health Center (HC)	9	29	18	18	74
Health Post (HP)	27	82	56	80	245
Total	40	125	84	111	360



Limitations

- Lack of national/regional database with facilities names
- Data collected during rainy season – some sampled health posts, health centers inaccessible
- Some upgraded health centers not yet functional
- Predictable challenges associated with multi-lingual survey
 - Three languages (Amharic, Oromiffa, Tigrinya)





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Baseline Results by Core Indicators



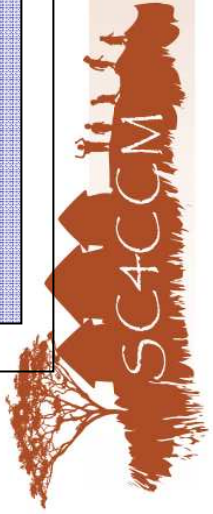
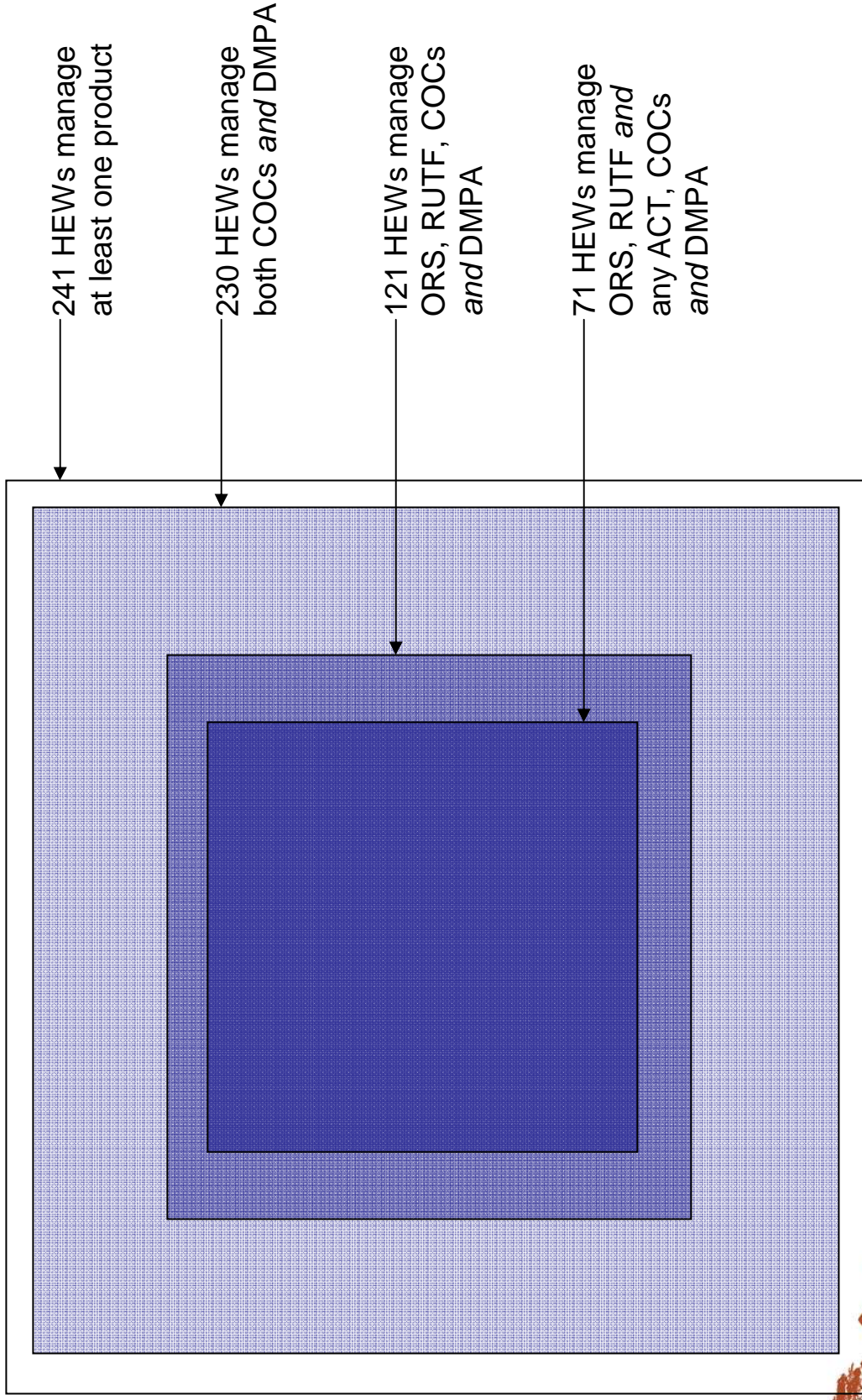
Supply Chains ⁴ Community Case Management

Tracer Products

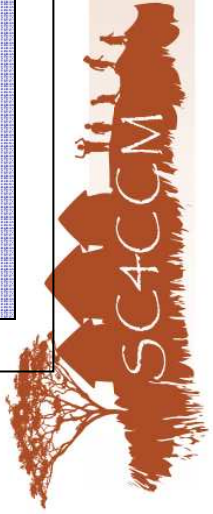
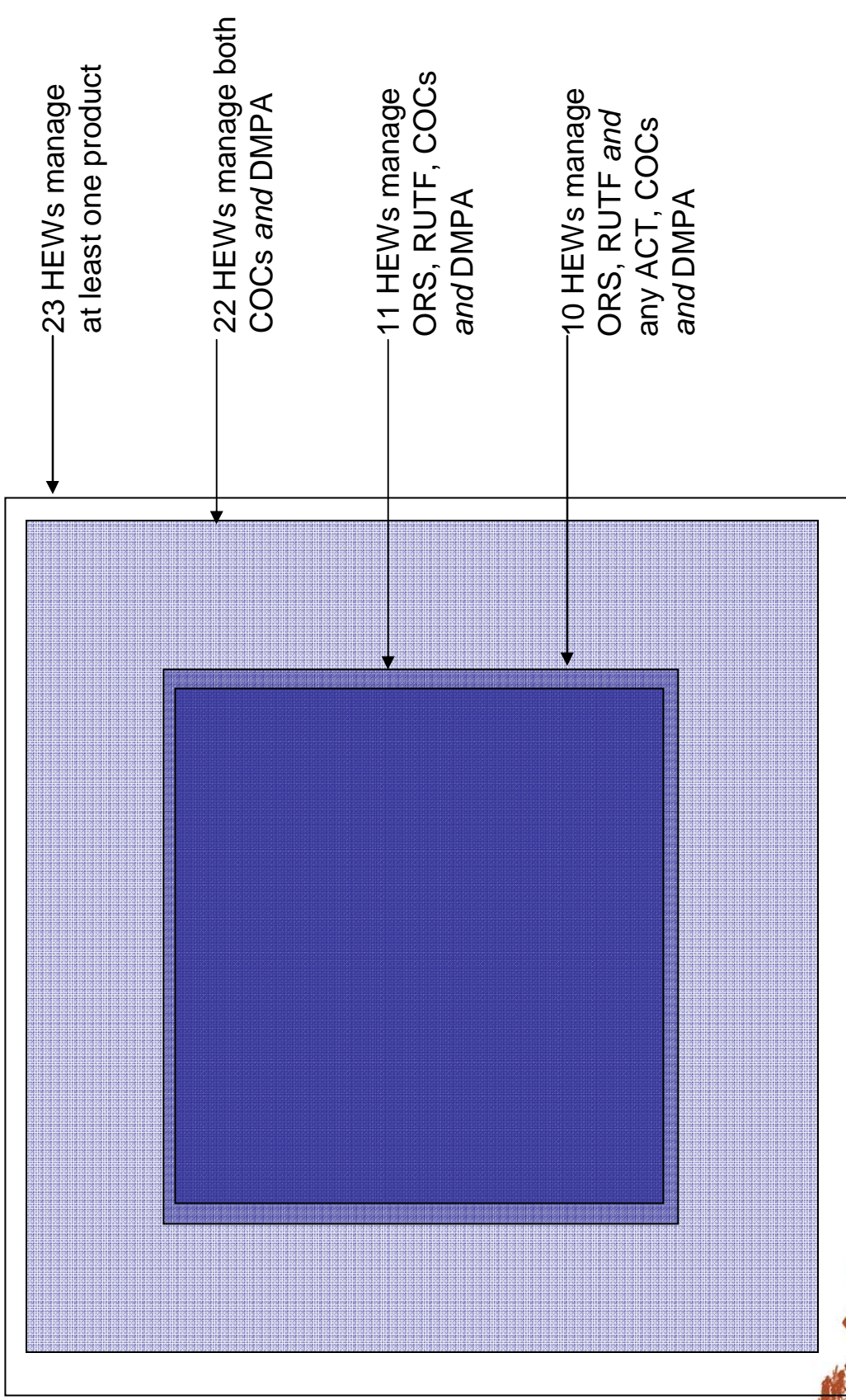
1. cotrimoxazole 120mg tablets
2. cotrimoxazole 240mg/5ml suspension (bottles)
3. amoxicillin 250mg capsules
4. amoxicillin 125mg/5ml suspension (bottles)
5. Coartem (lumefantrine / artmethem) 1 x 6 tablets
6. Coartem (lumefantrine / artmethem) 2 x 6 tablets
7. chloroquine 50mg/5ml syrup (bottles)
8. malaria RDTs
9. zinc 20 mg tablets
10. ORS sachets or Oral Rehydration Salts
11. Plumpynut (RUTF) sachets
12. male condoms
13. Depo Provera or Petogen (DMPA) vials
14. Combined oral contraceptives (COC or pills)



Describing the HEW Sample – National



Describing the HEW Sample - Tigray





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



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National - 14 of 71 (20%)

2 of 10 (20%) HPs with ORS, RUTF, COCs, DMPA and any ACT have them **all in stock**

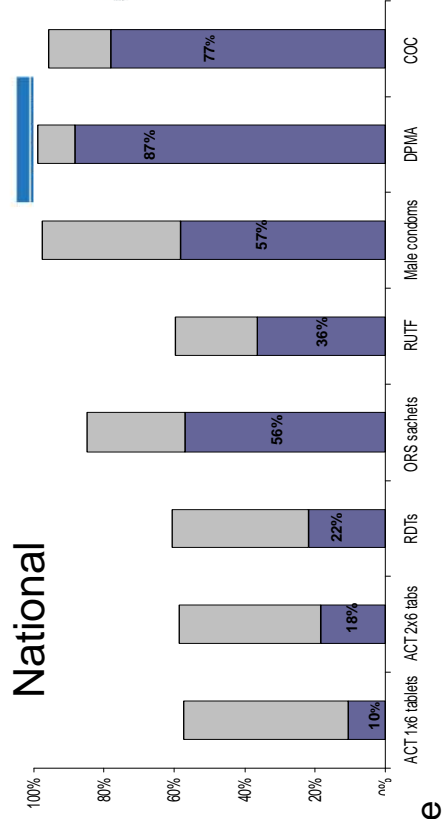
5 of 11 (45%) HPs who manage ORS, RUTF, COCs and DMPA have **all in stock**
National - 49 of 121 (41%)

Tigray - 14 of 22 (64%) HPs manage both COCs and DMPA and have **all in stock**

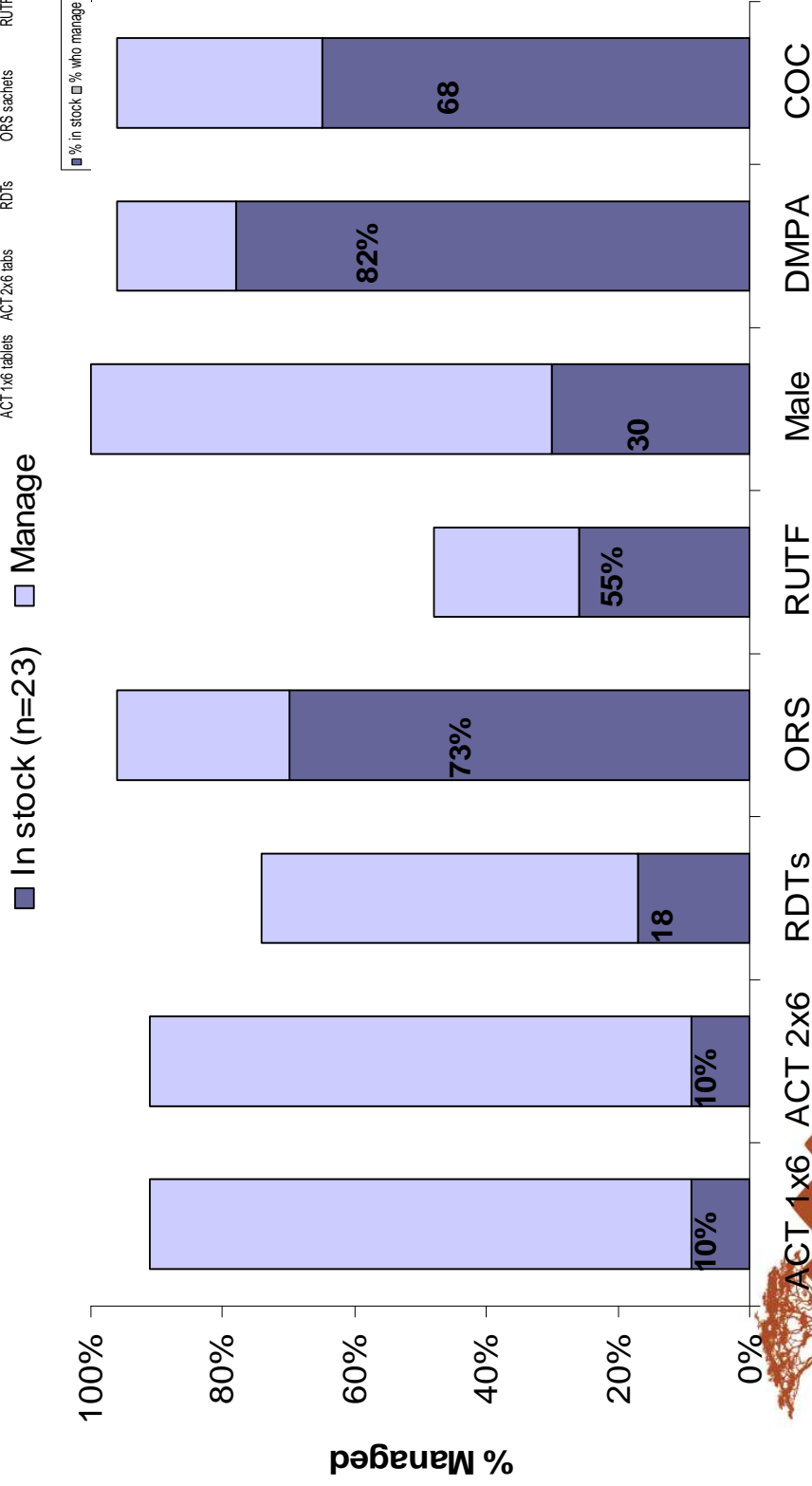
National - 171 of 230 (74%)



In Stock on DOV at HP by Product



Tigray



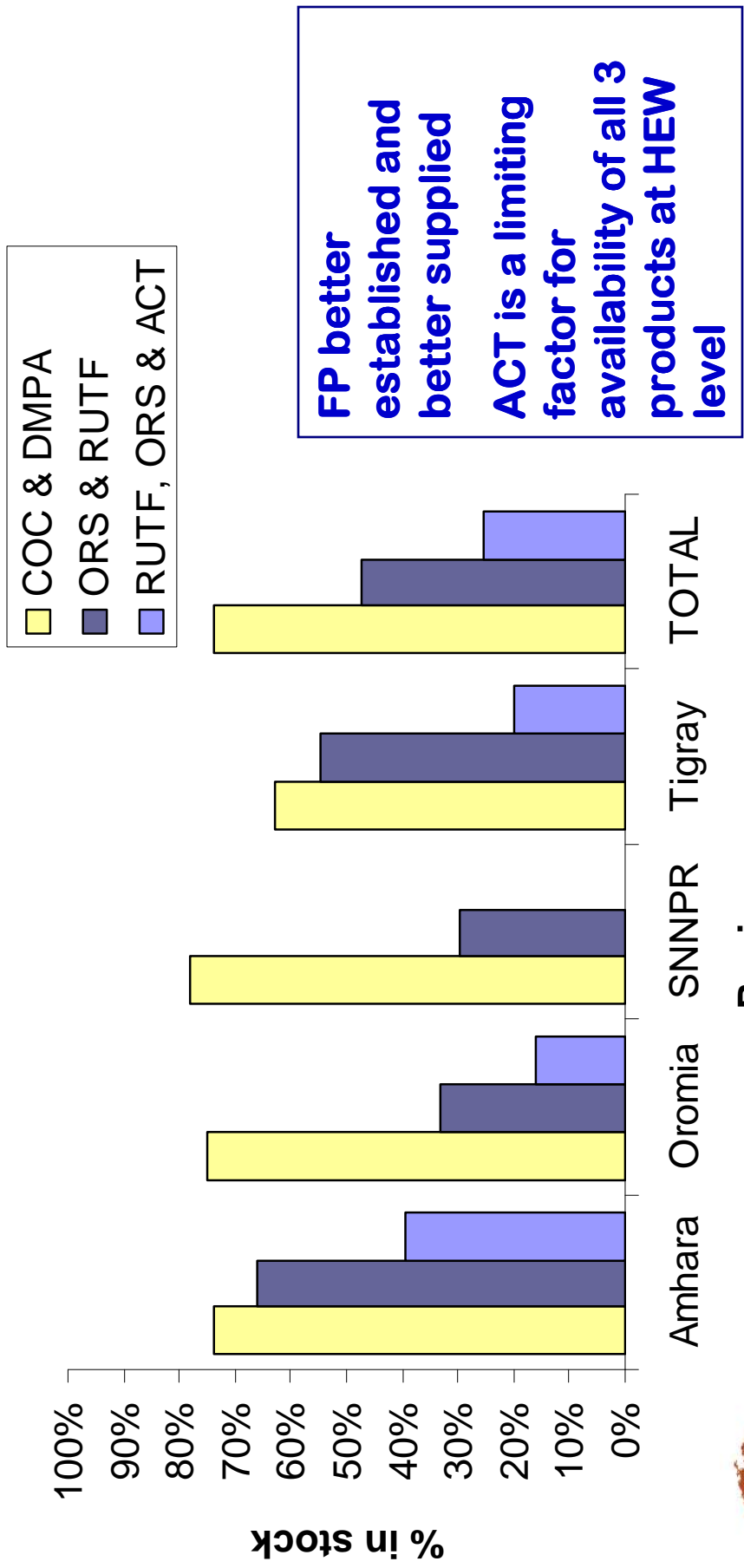
Condom

Products

Supply Chains Community Case Management



Regional Variations of In Stock Rates at HP Level



Reported Reason for Stockout

Tigray

- Resupply point didn't have any – **45%**
- resupply point does not give me enough health products - **45%**
- more and more people are coming to the health post - **25%**
- do not receive all the health products ordered – **15%**

National

- **85%** of HEWs reported **shortages at the resupply point as the reason for their stockouts**
- **26%** of HEWs reported **increase in demand**



PRECONDITION 1:

Necessary, usable, quality CCM products are available at HEW resupply point/s

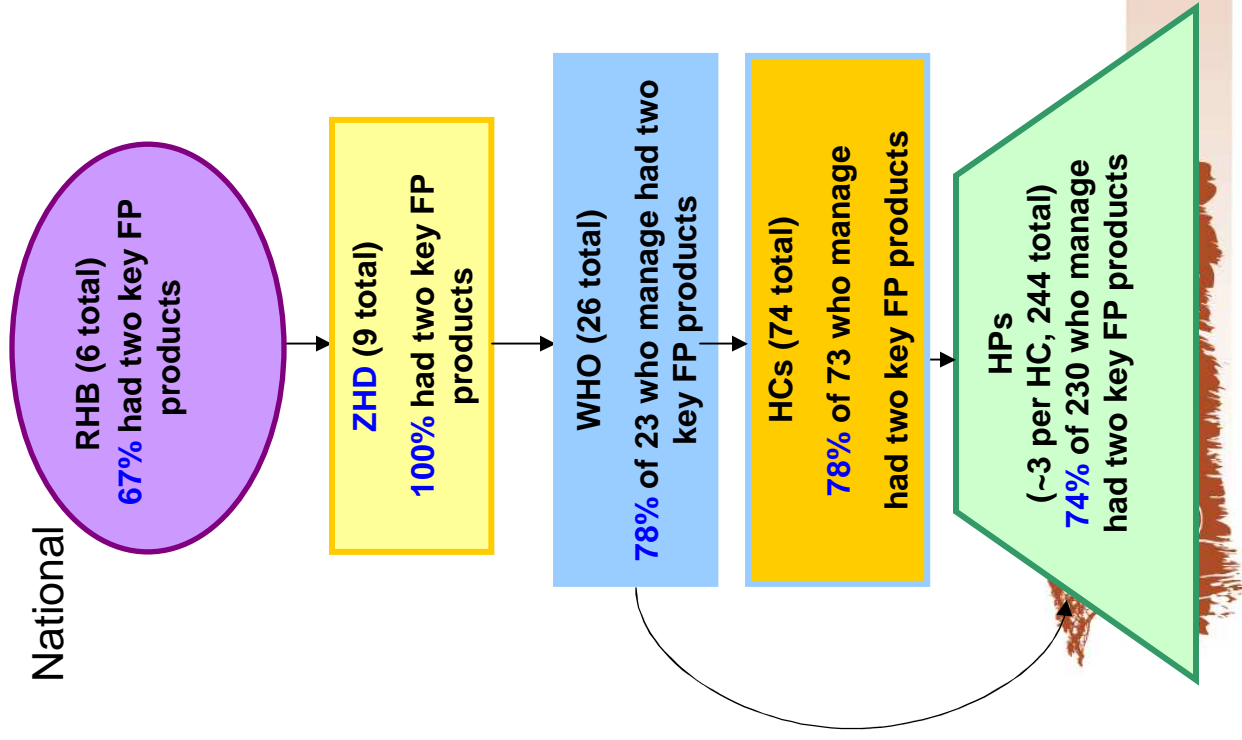
Product availability at the resupply point appears to be strongly linked to product availability at the

Health Post Level for:

- **COC (pills)**
- **ACTs**
- **RUTF**
- **DMPA**
- **ORS**

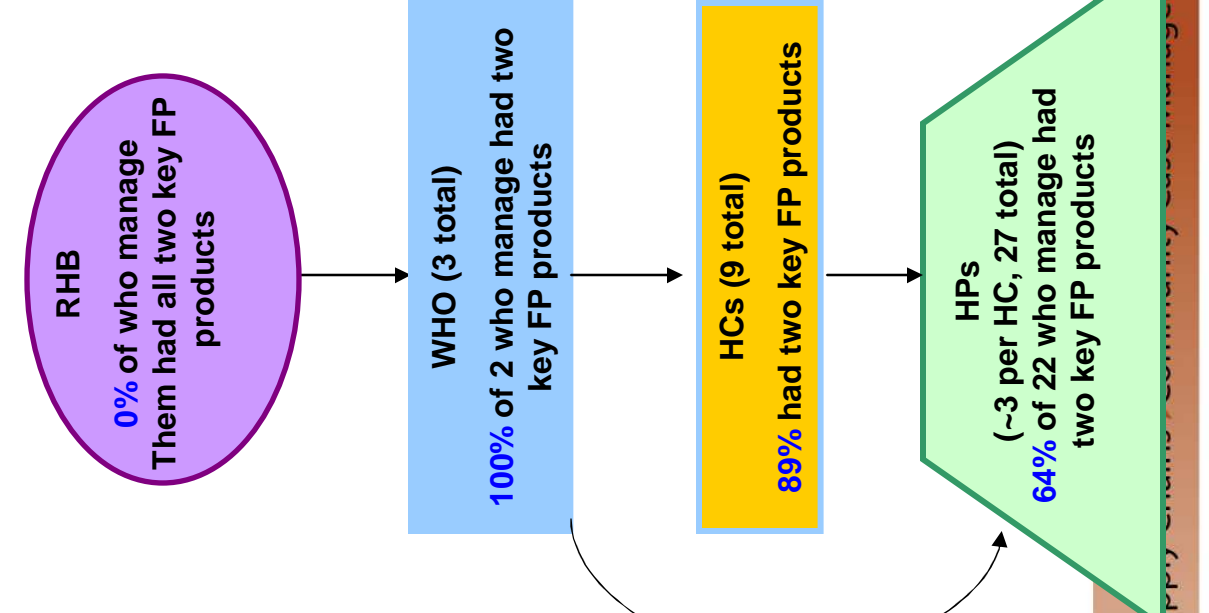


Product Availability at all Levels



Tigray

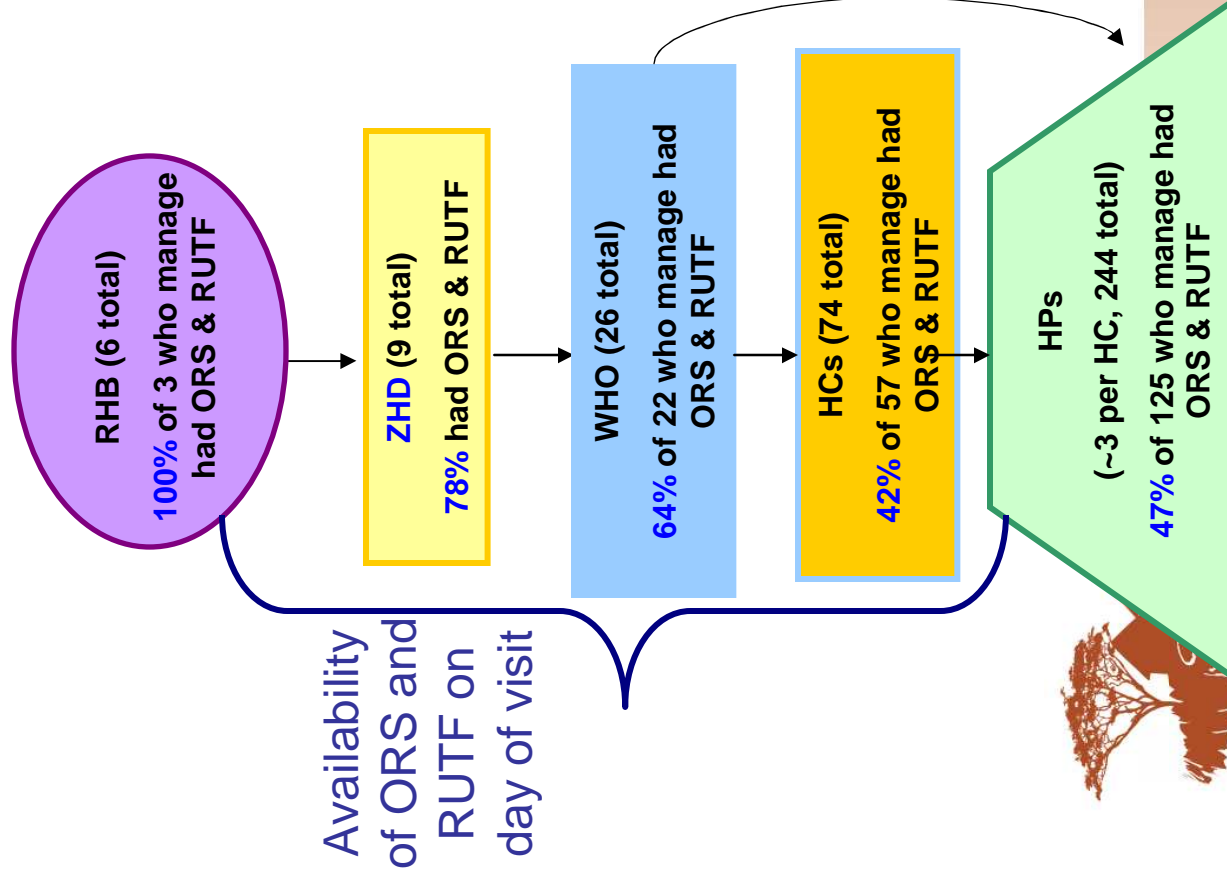
Availability of
DMPA and
COCs on
Day of Visit



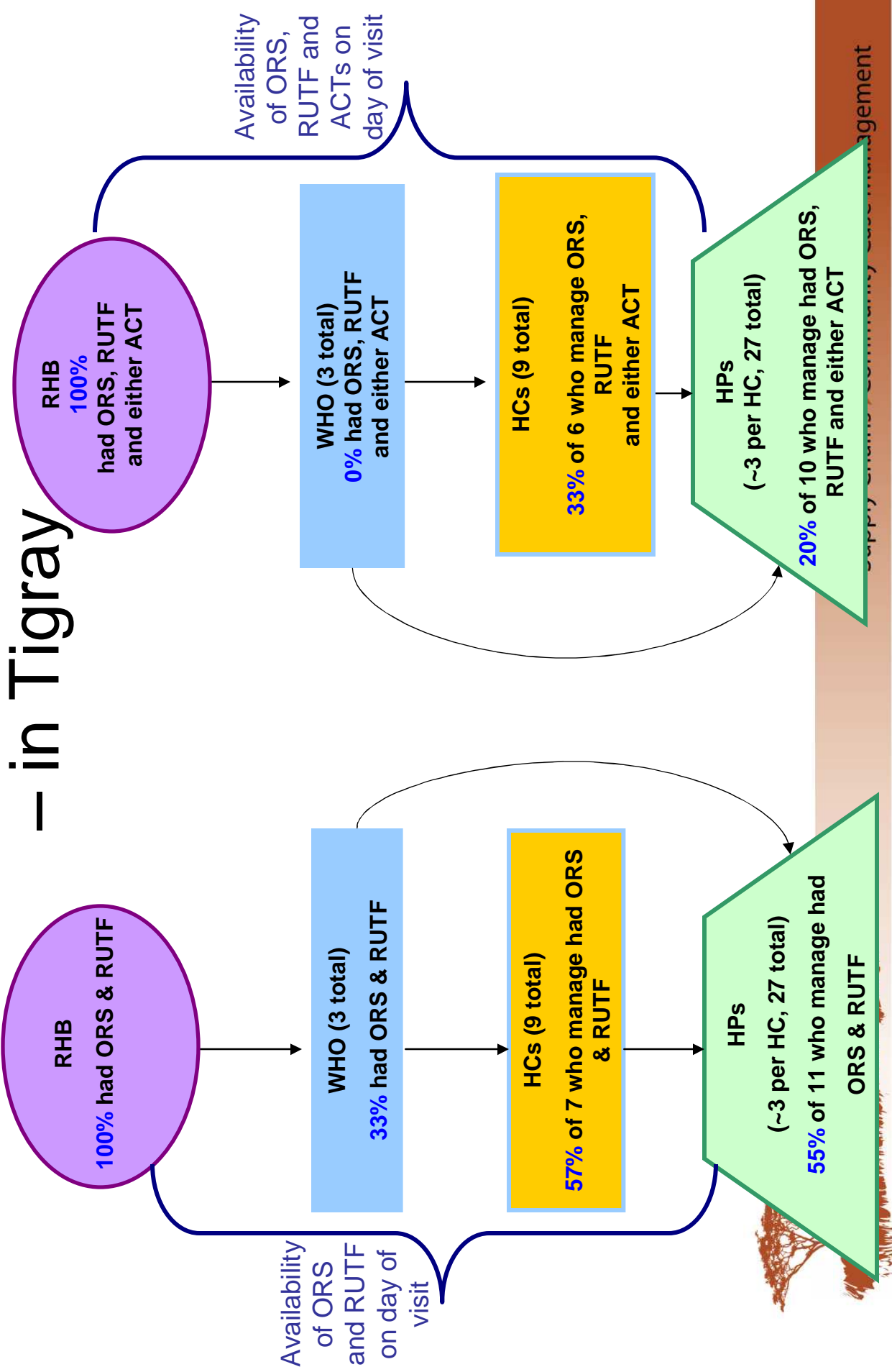
Product Availability at All Levels – National



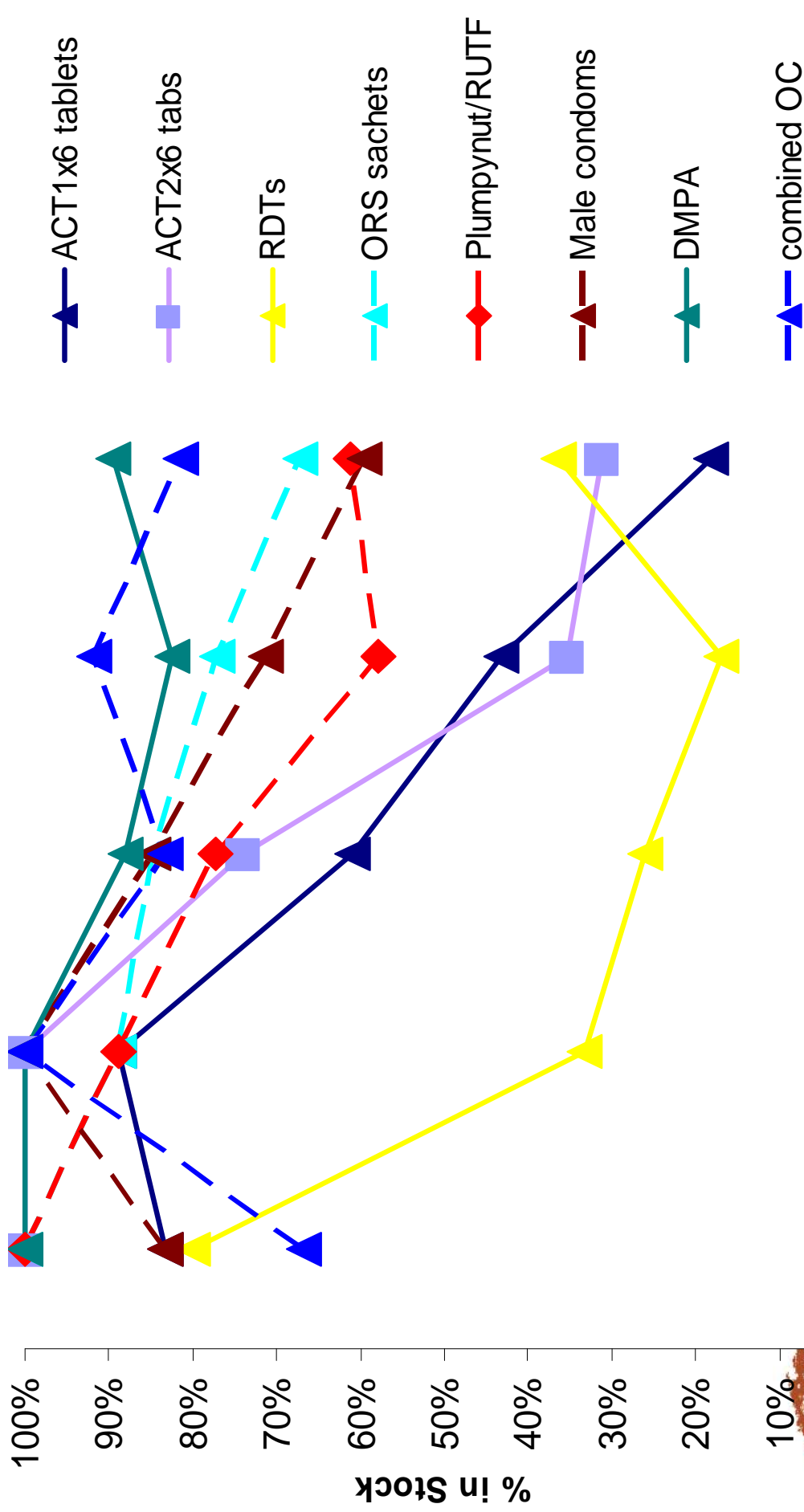
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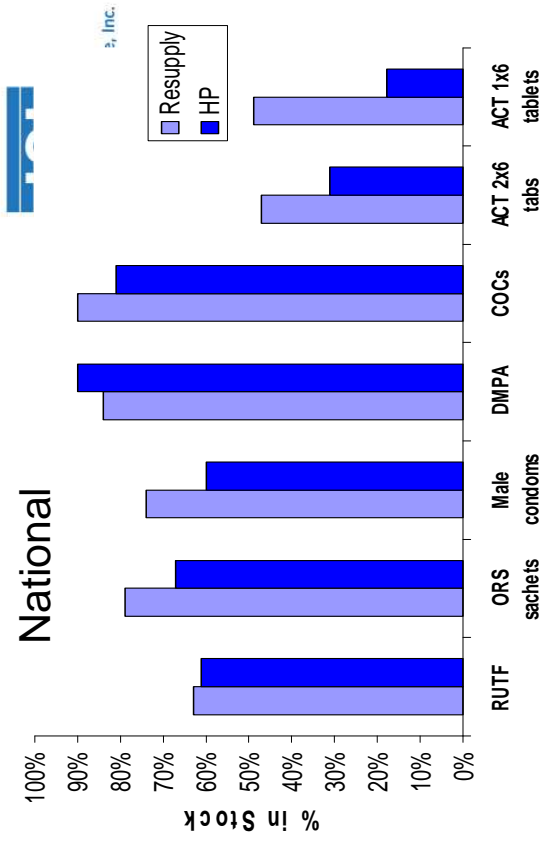
Product Availability at all Levels



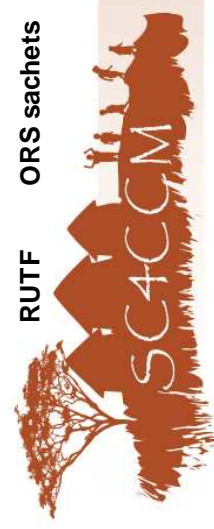
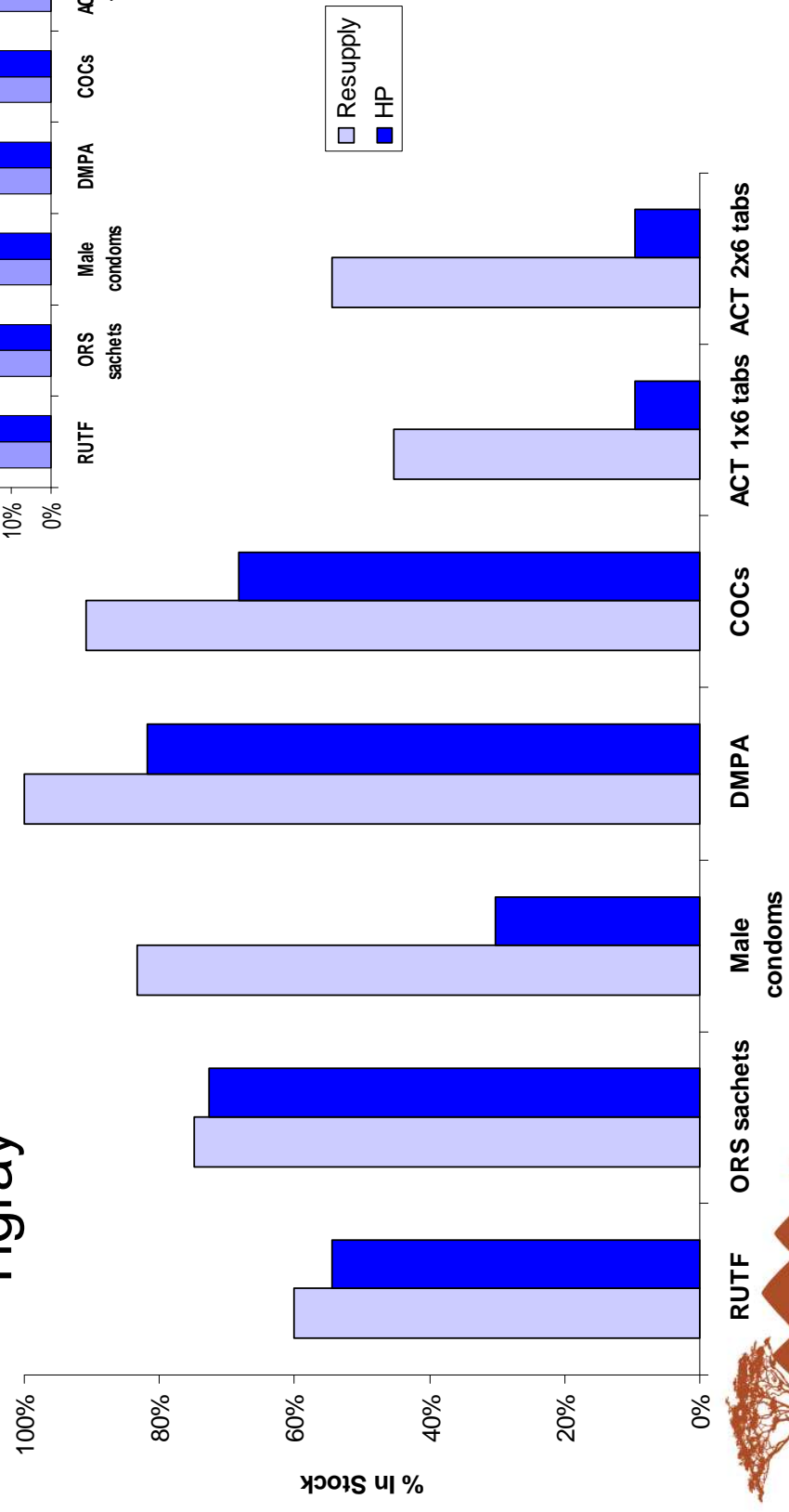
Product Availability at All Levels - National



% of Resupply Points and HPs in Stock on DOV

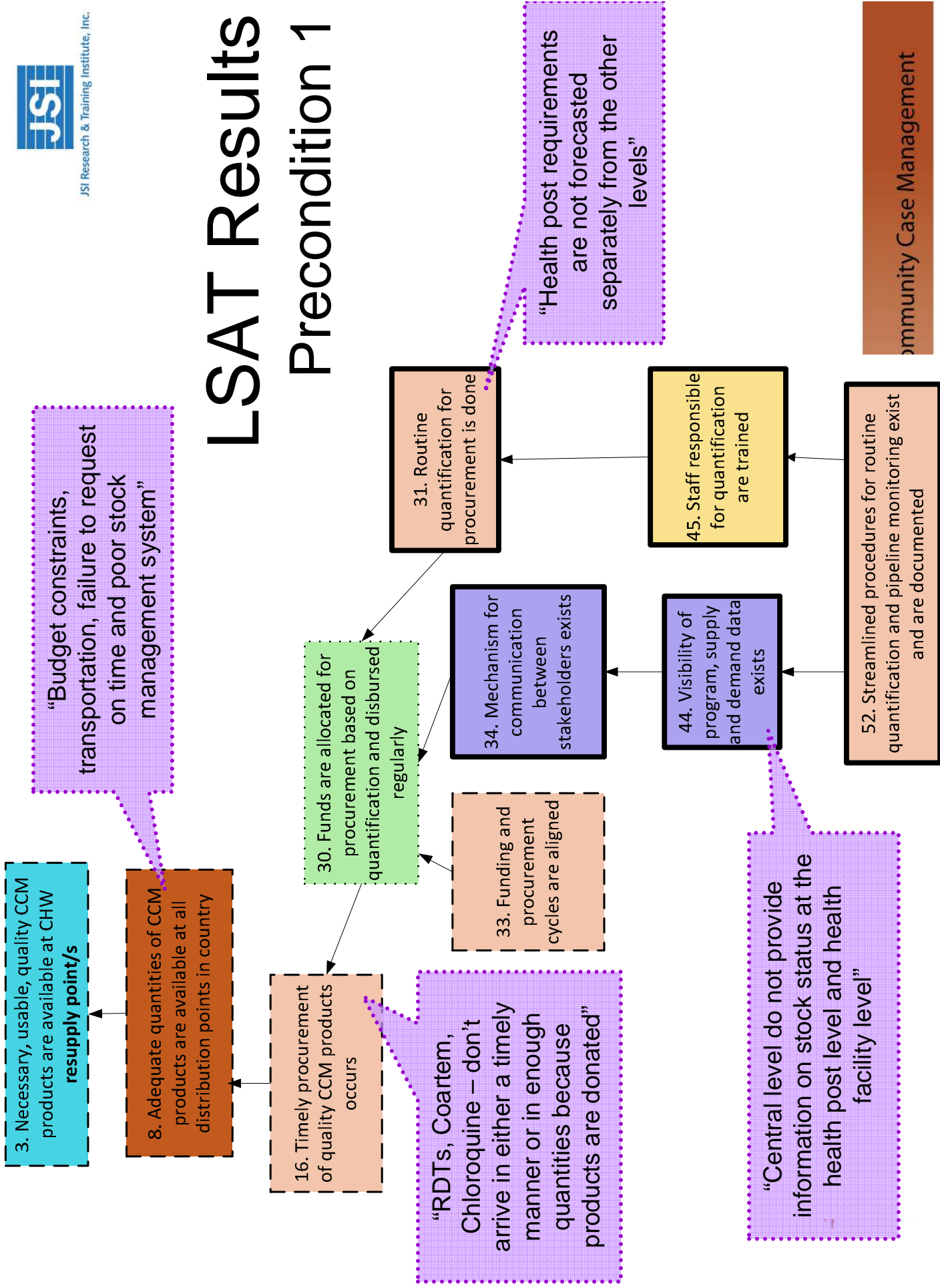


Tigray



LSAT Results

Precondition 1



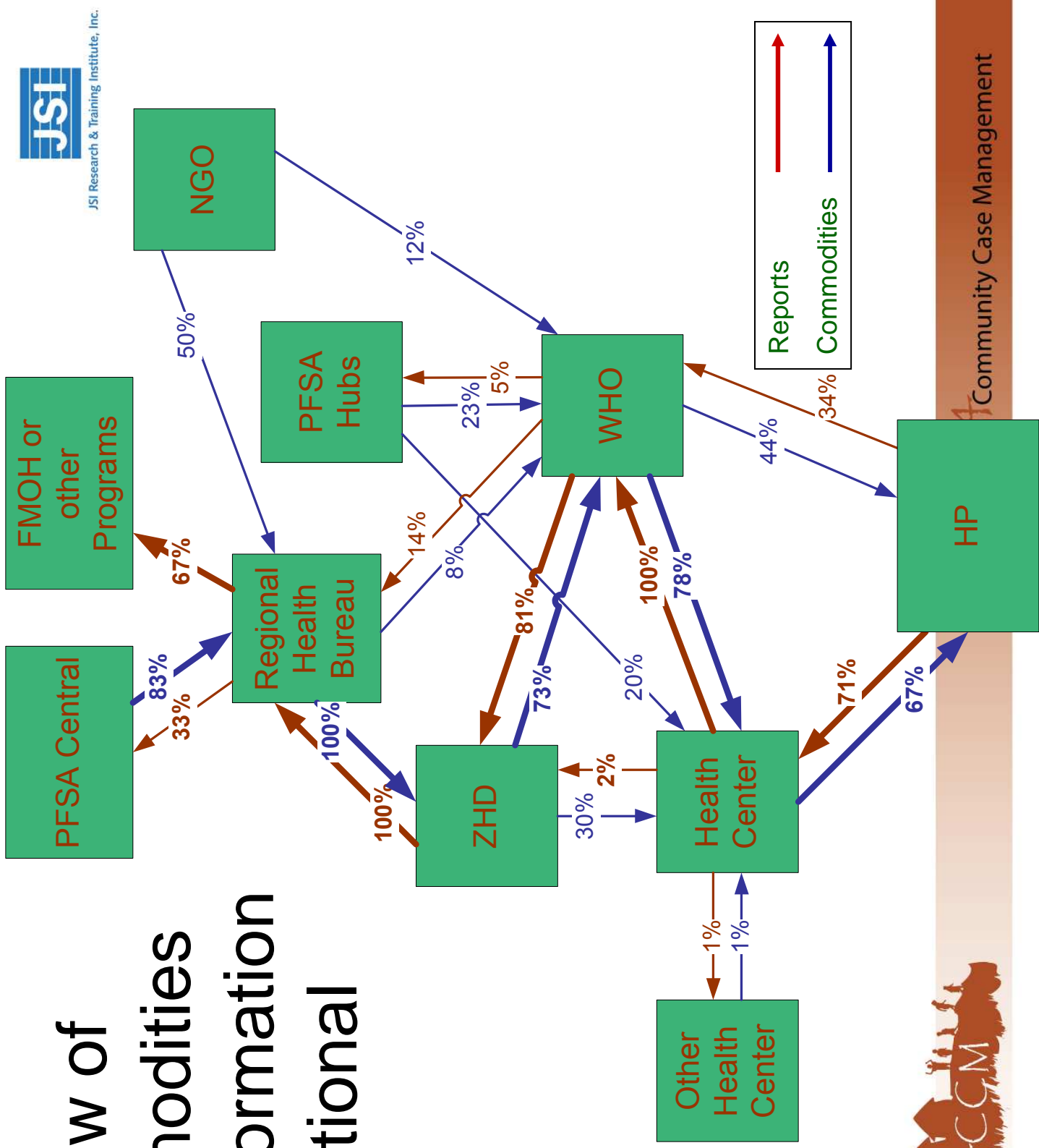
PRECONDITION 2:

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

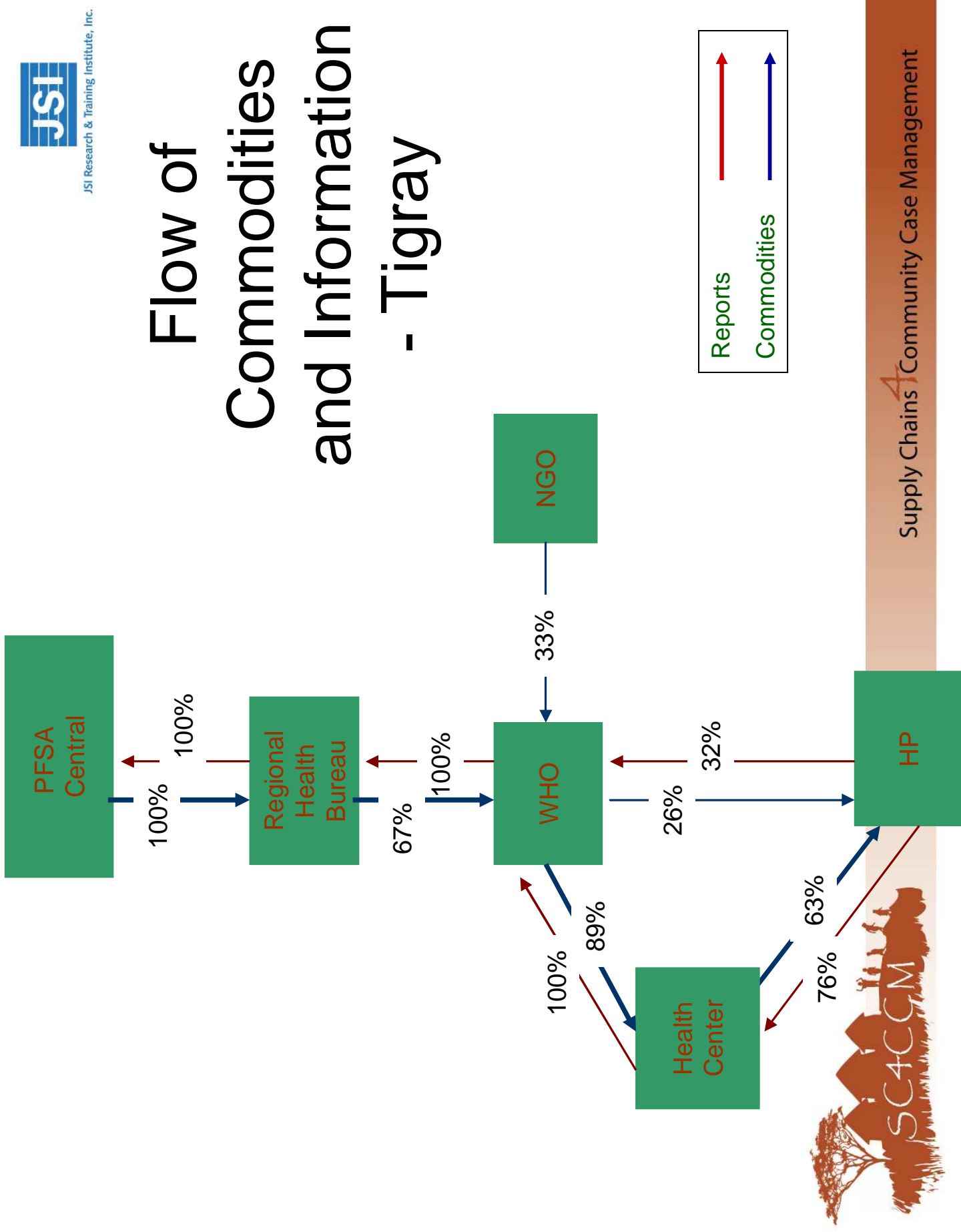
- Several distribution and information systems operate concurrently
- Supply chain capacity and skills are generally low, very little formal training reported
- Necessary tools to manage the logistics system are insufficient



Flow of Commodities and Informational - National



Flow of Commodities and Information - Tigray



SCM Formal Training (Tigray & *National*)

% who reported receiving formal training
on how to manage health products

- 100% of RHB respondents
 - *50% of RHB respondents*
- 33% of WHO respondents
 - *31% of WHO respondents*
- 11% of HC respondents
 - *8% of HC respondents*
- 30% of HEW respondents
 - *11% of HEW respondents*



Standard Operating Procedures (Tigray & *National*)

A copy of any written guidelines or procedures for ordering, reporting, and inventory control of health commodities were observed at:

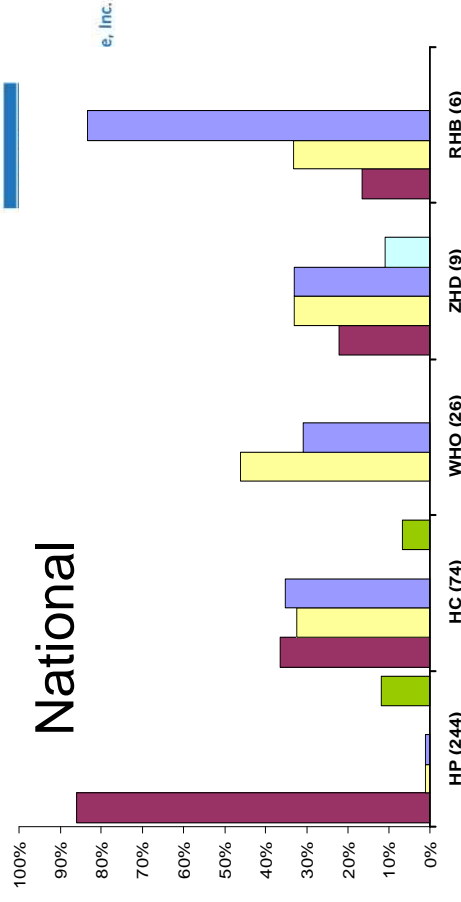
- 100% RHBs
 - *67% of RHBs*
- 0% of WHOs
 - *15% of WHOs*
- 11% of HCs
 - *11% of HCs*
- 4% of HPs
 - *8% of HPs*

Key Message:

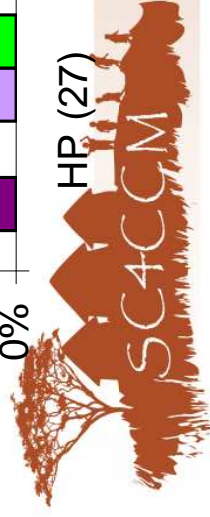
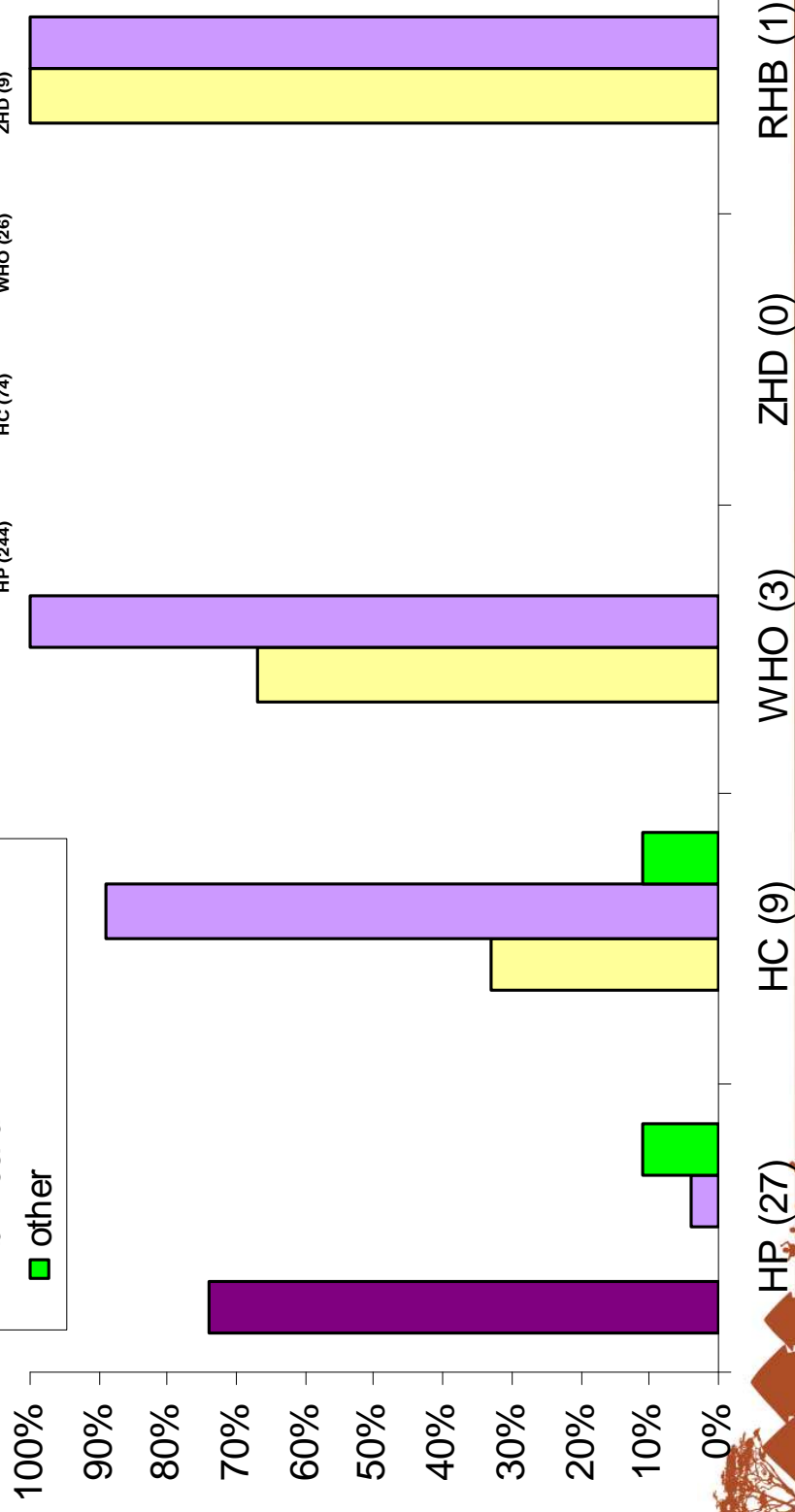
Very few lower level facilities in the system have SOPs to reference



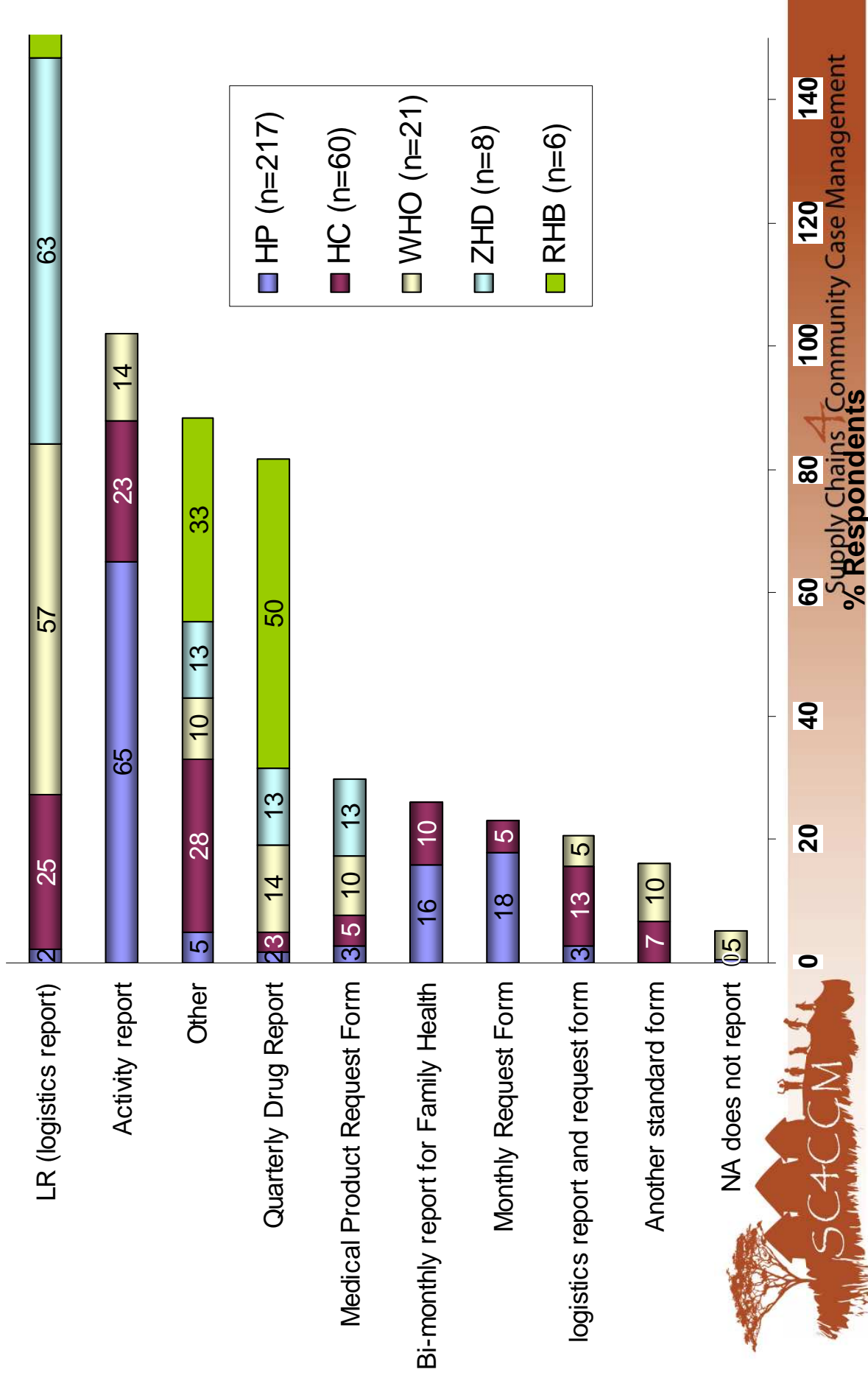
Stock Keeping Documentation



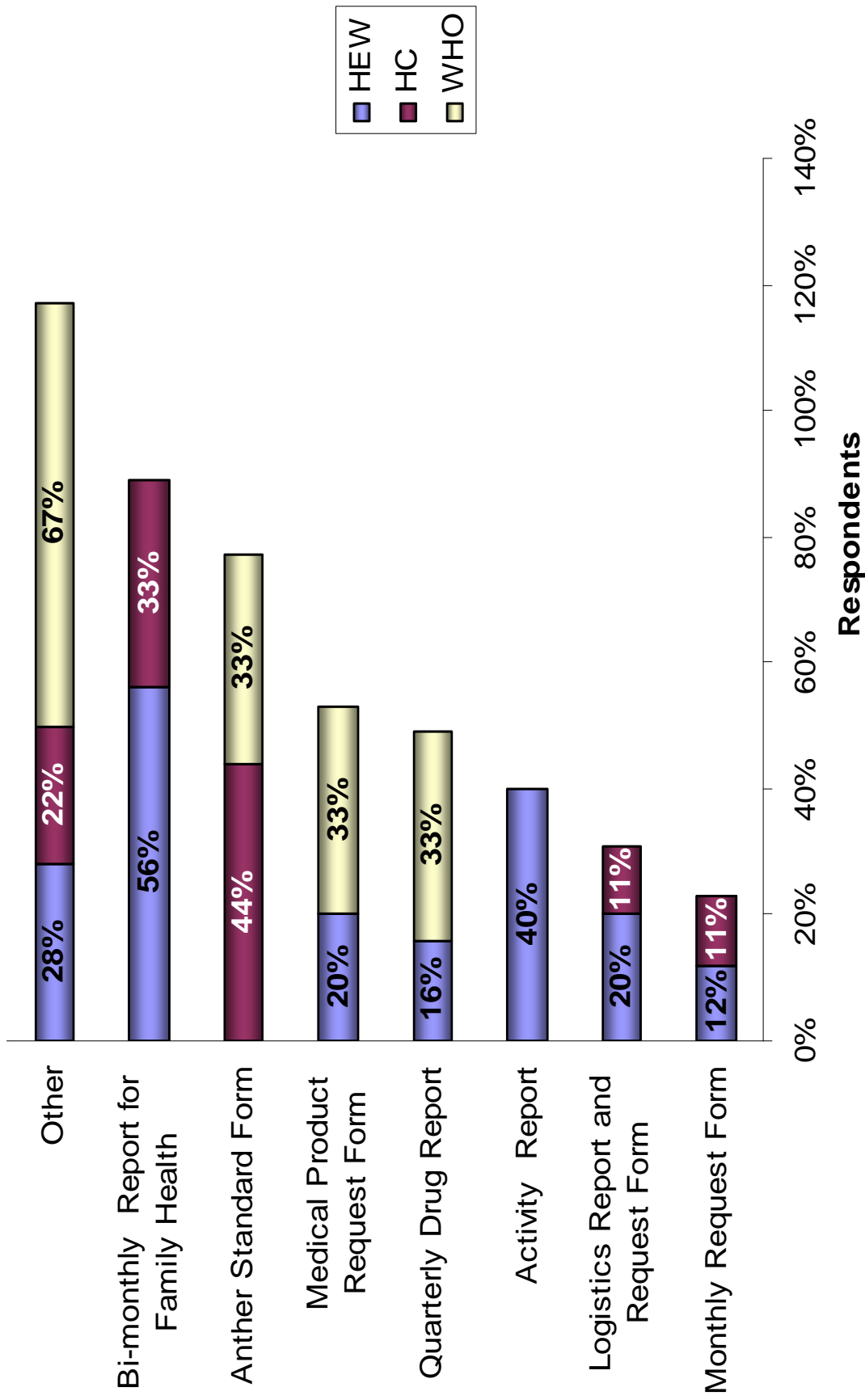
Tigray



Types of Reports Submitted - National



Types of Reports Submitted - Tigray



Resupply Procedures for HEWs Tigray (*National*)

7% (32%) of HEWs report being resupplied every month,

while 55% (51%) seek resupplies only when they need them

33% (41%) of HEWs report using a standard request form



LSAT Results

Precondition 2

4. 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

18. CHWs routinely collect and report timely, accurate logistics data

“HEWs do not collect dispensed-to-user data”

12. Tools and resources needed to implement procedures are provided

19. LMIS forms or other data collection tools are available for CHWs

“No financing for logistics training for HEWs”

36. CHWs are trained in procedures and processes for CCM product supply chain

“Lack of standardization throughout the country”

46. Streamlined procedures for ordering, reporting, inventory control, storage and disposal of expired / damaged health products exist and are documented

PRECONDITION 3:

HEWs have adequate storage: correct conditions, security and adequate space.

**Standards for appropriate storage conditions
are not fulfilled at all levels**



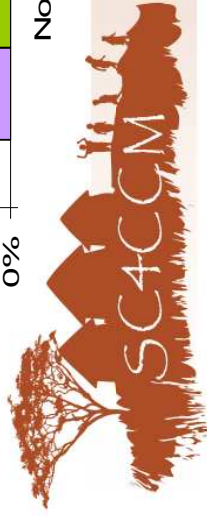
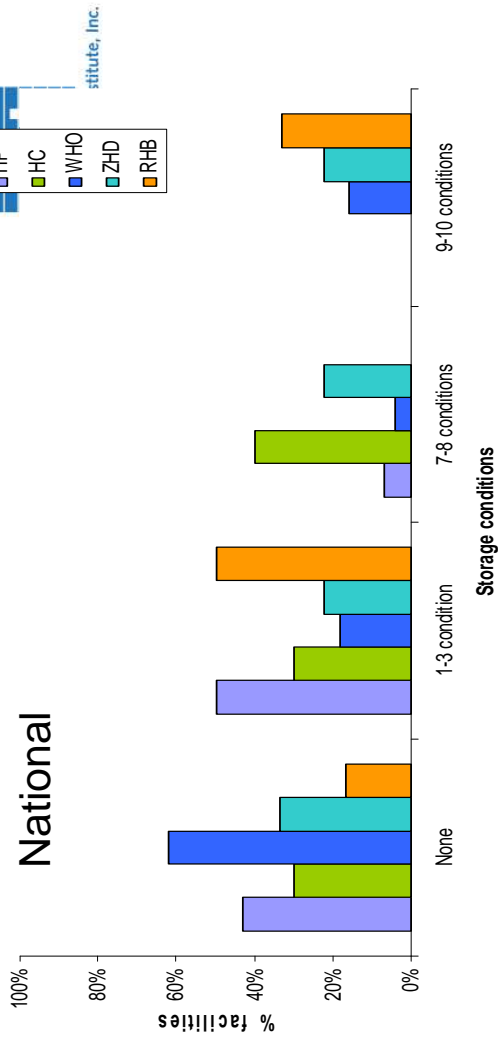
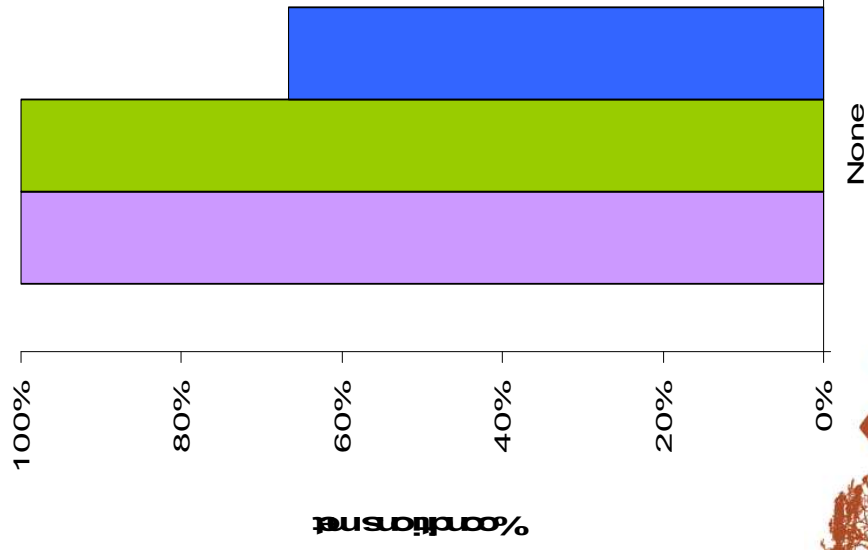
Satisfactory Storage Conditions

- Health products are stored:
- separately to damaged and/or expired health products
 - in an area free of rodents or insects
 - securely with a lock and key, and with limited access
 - in an area that is protected from direct sunlight
 - at the appropriate temperature
 - on shelves or stacked off the floor in stacks and away from walls
 - in a clean, dry, well-lit and well-ventilated storeroom
 - in an area that is accessible during all normal working hours.
 - so that first-to-expire, first-out (FEFO) is observed
 - separately to insecticides and chemicals



Adequate Storage Conditions

Tigray



Storage conditions

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5. **CHWs** have adequate storage: correct conditions, security and adequate space.

LSAT Results Precondition 3

HPs have adequate storage

20. Appropriate and secure storage space for CCM products is available

21. Secure and suitable storage containers or shelving for CCM products are procured where needed

Insufficient shelving at HPs



PRECONDITION 4:

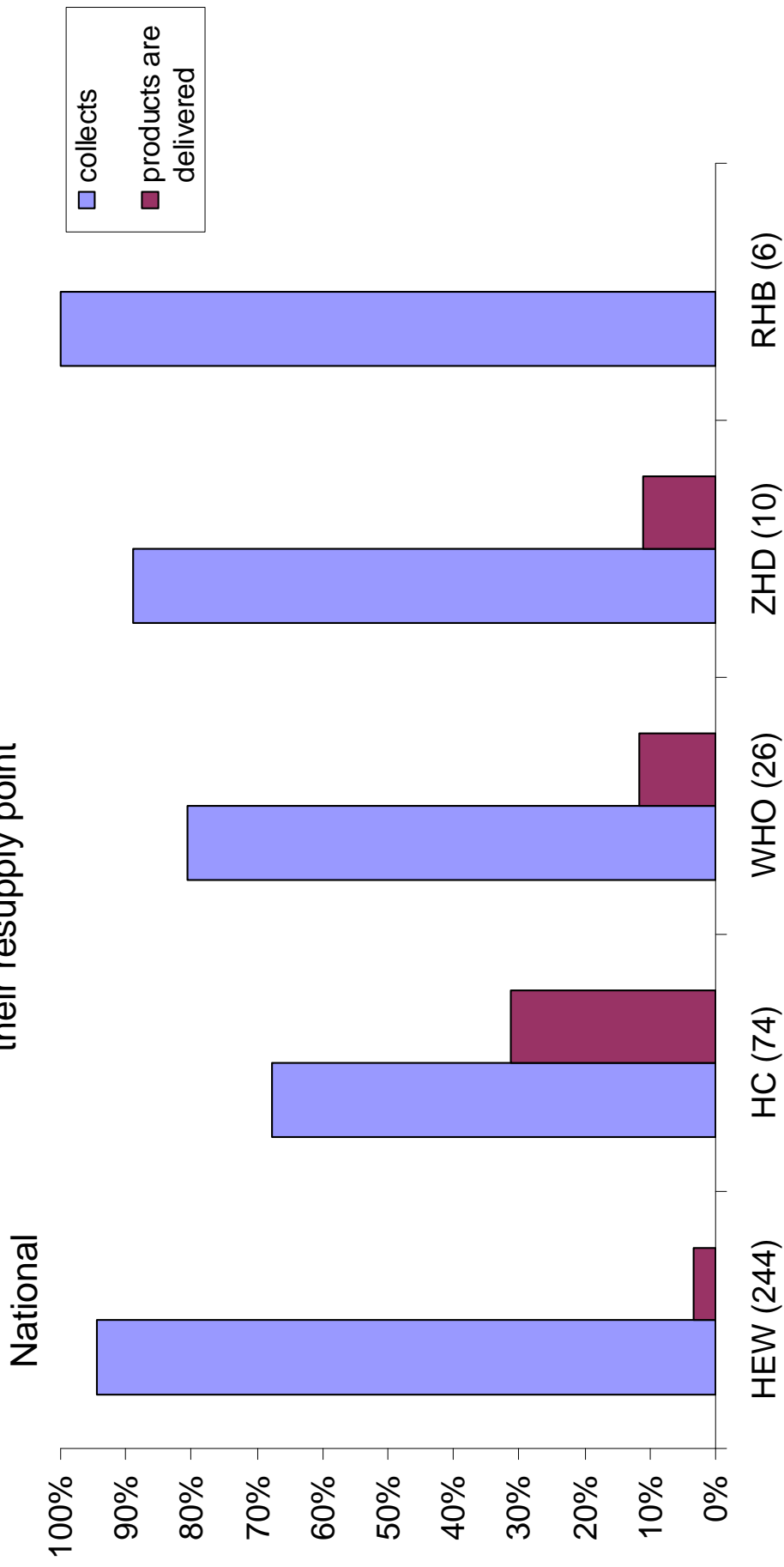
Goods are routinely transported between resupply points and HEWs

- Health posts are generally located in remote areas that are difficult to reach particularly during rainy season
- **54%** of 13 HEWs in Tigray with problems related to collecting or receiving health products reported **lack of transport** as the major constraint

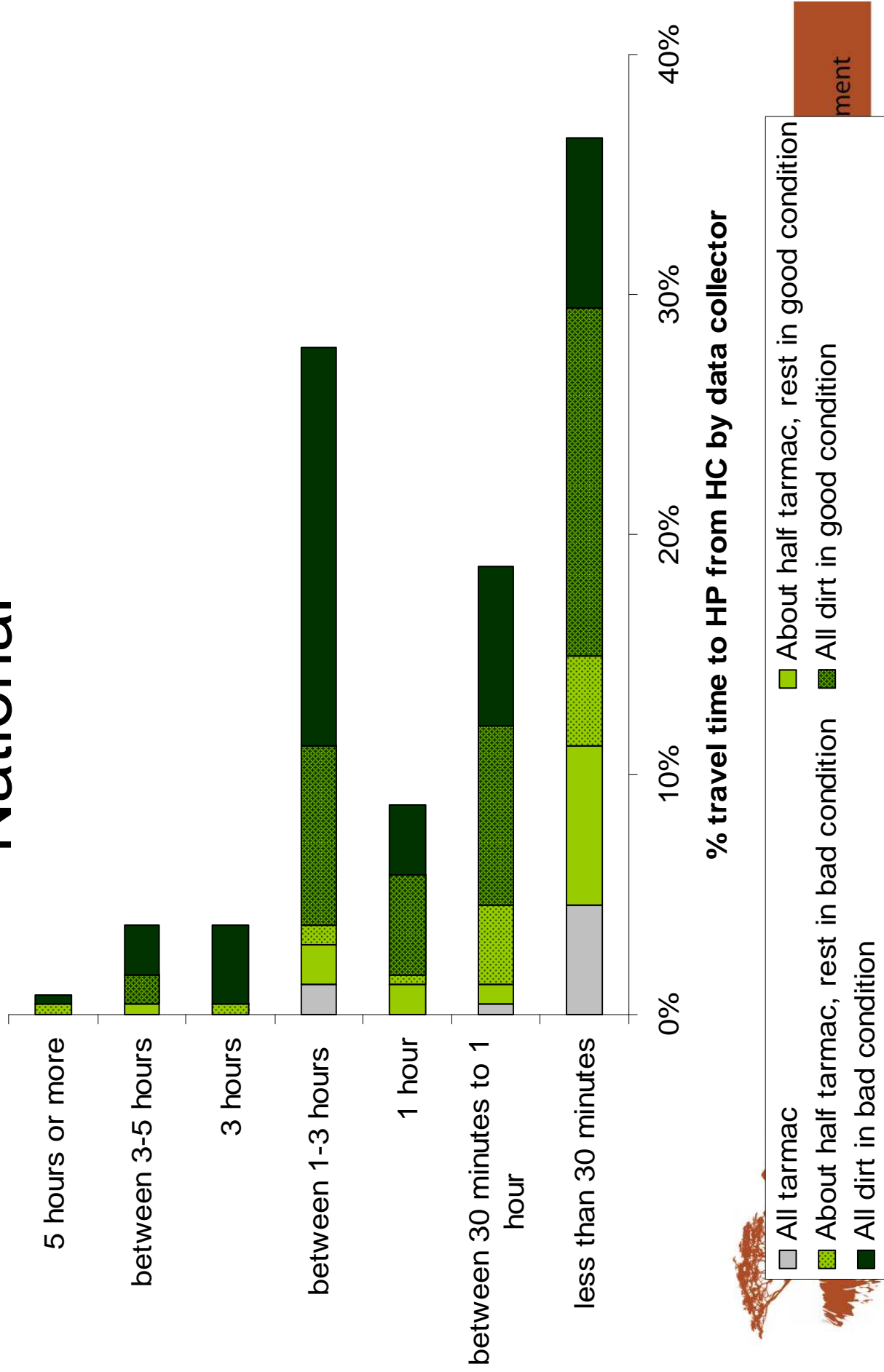


Delivery & Collection of Products

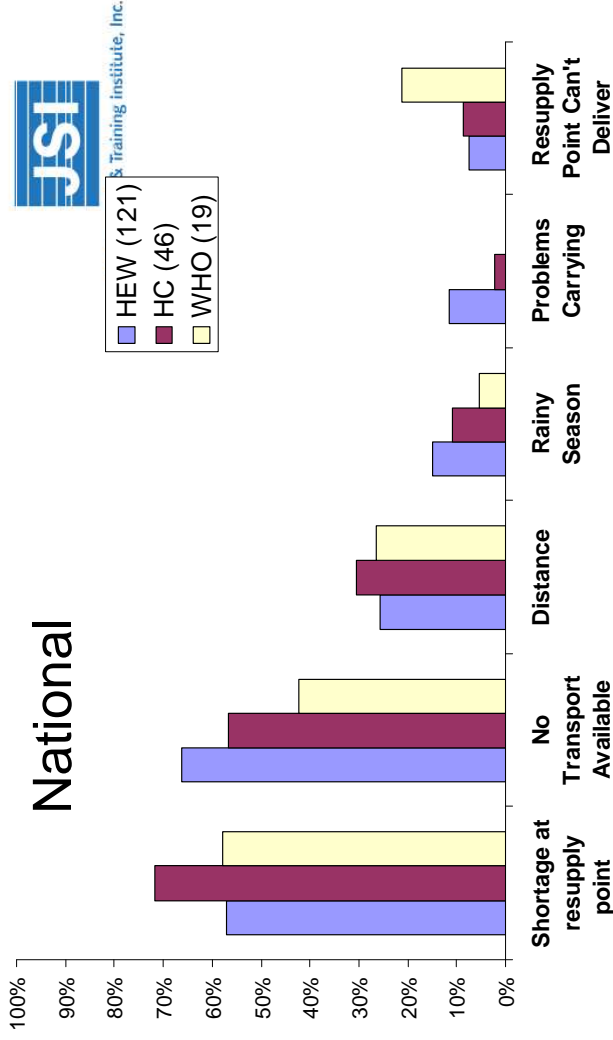
In Tigray of HEWs who collect products **44%** use public transport and **37%** walk on foot to get to their resupply point*



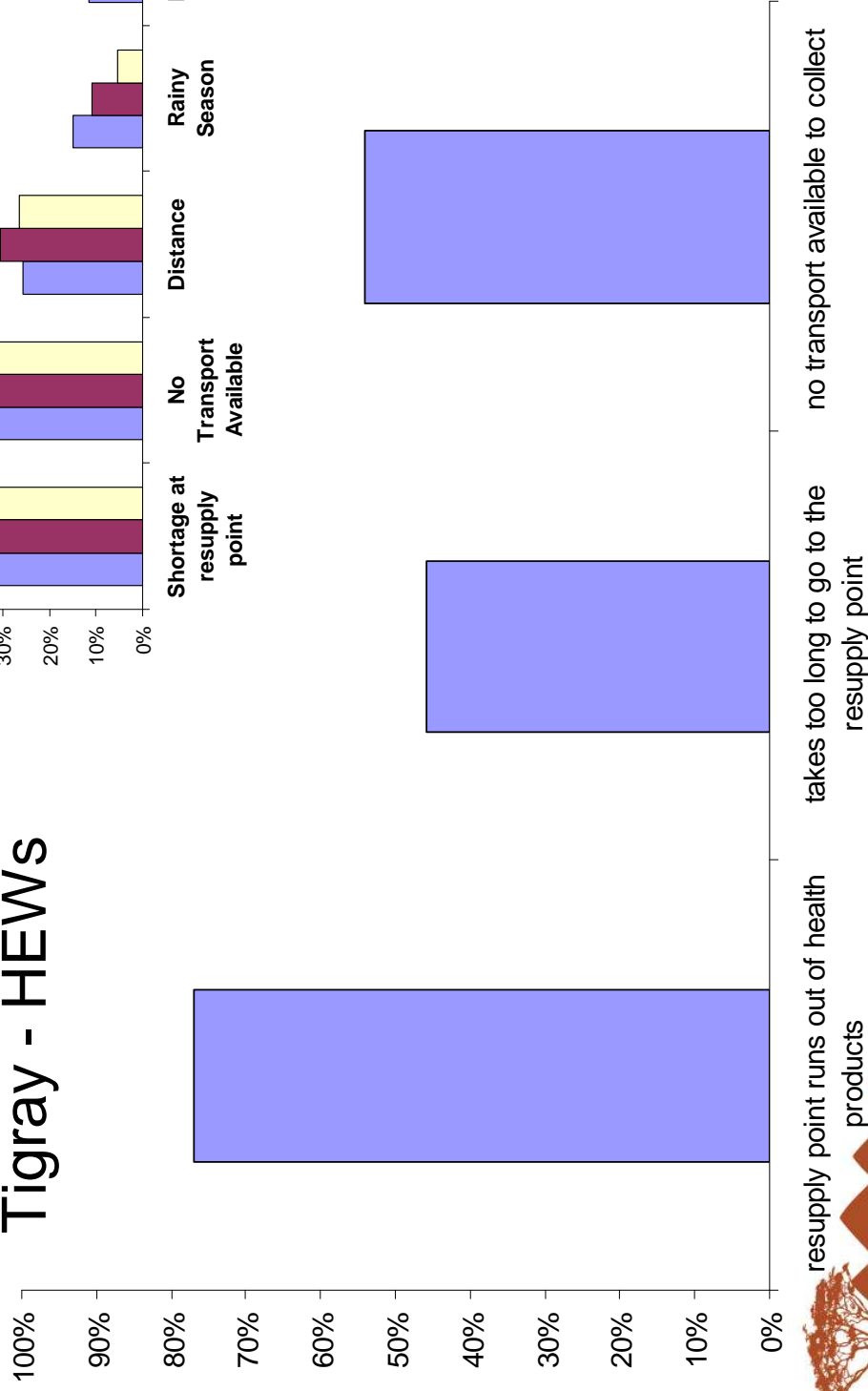
Travel Time and Road Condition - National



Reported Problems Collecting/Receiving Products



Tigray - HEWs



LSAT Results

Precondition 4

6. Goods are routinely transported between resupply points and CHWs

13. Reliable, timely and appropriate transport is available to distribute or collect goods between resupply point and CHWs

HEW both collect and receive deliveries, but mostly collect. Sometimes HEW Supervisors distribute to HEWs when they visit.

24. Adequate transport procured or hired when necessary for purpose of CCM product distribution

Not enough funding for fuel, vehicles, spare parts, etc



47. Streamlined transportation procedures for maintaining vehicles and distribution /collection of goods exist and are documented

Community Case Management

PRECONDITION 5:

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

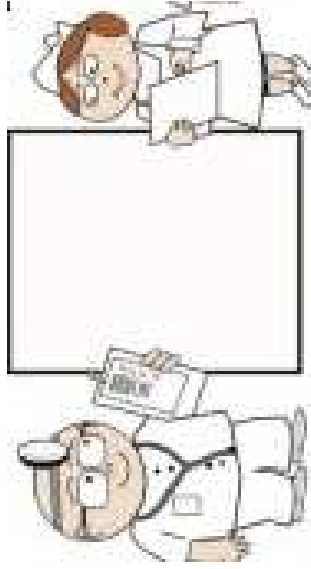
- High rates and frequency of supervision
 - Supervision not identified as a source of motivation
- 37% of HEWs report high levels of job satisfaction



Supervision - Tigray

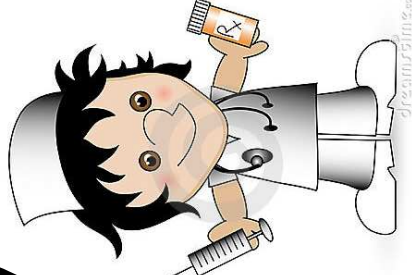


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100% supervisors reported providing supervision to HEWs at least every month

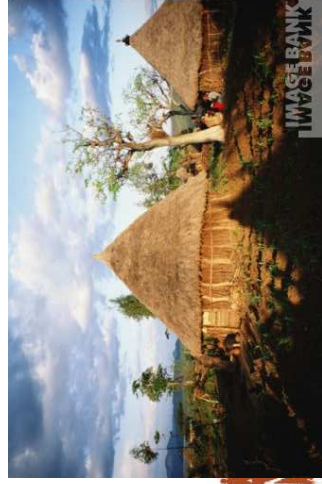
Last 1 month



89% HEWs reported receiving a supervisory visit at least every months

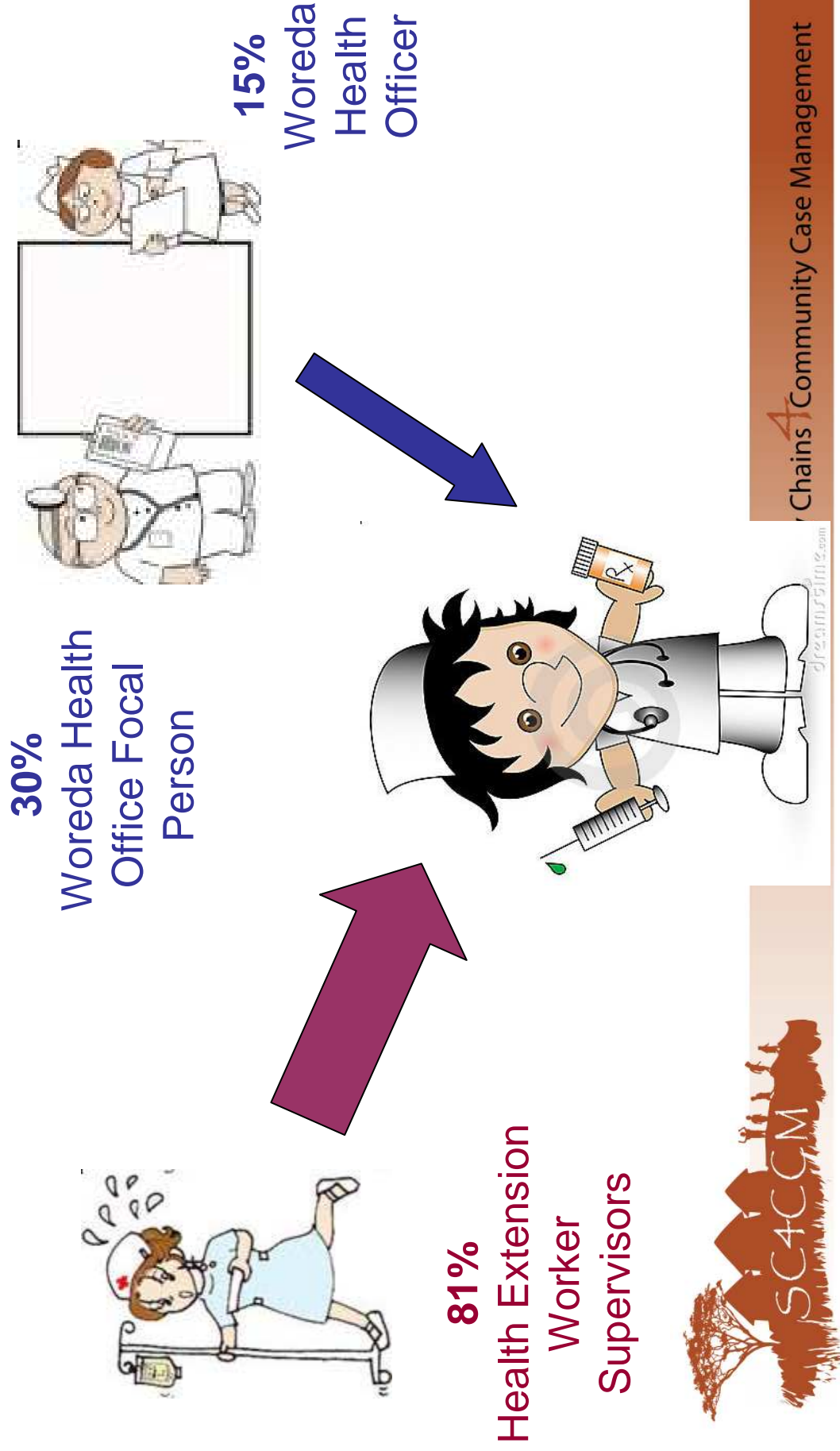
Where did Supervision take place?

96% at the health post

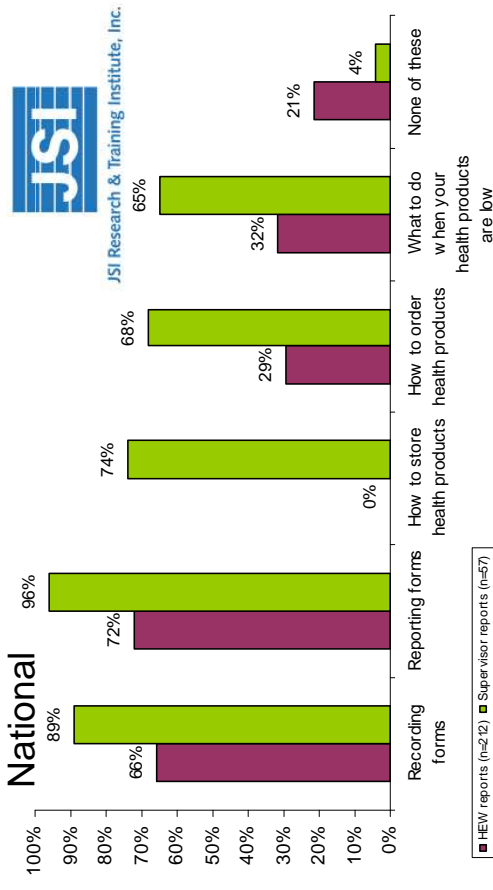


Community Case Management

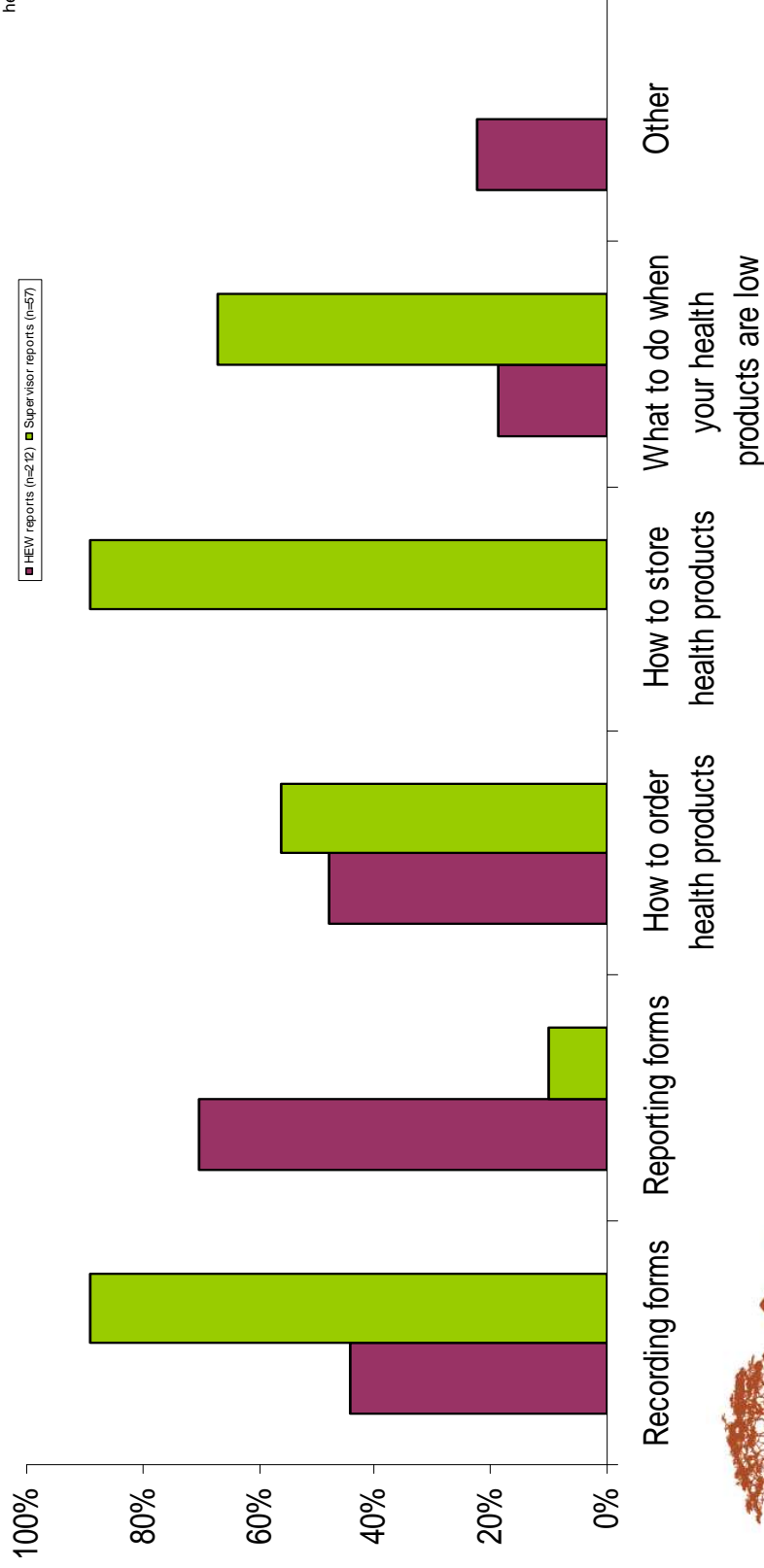
Who do HEWs Receive Supervision From? - Tigray



Reported Areas of Supervision



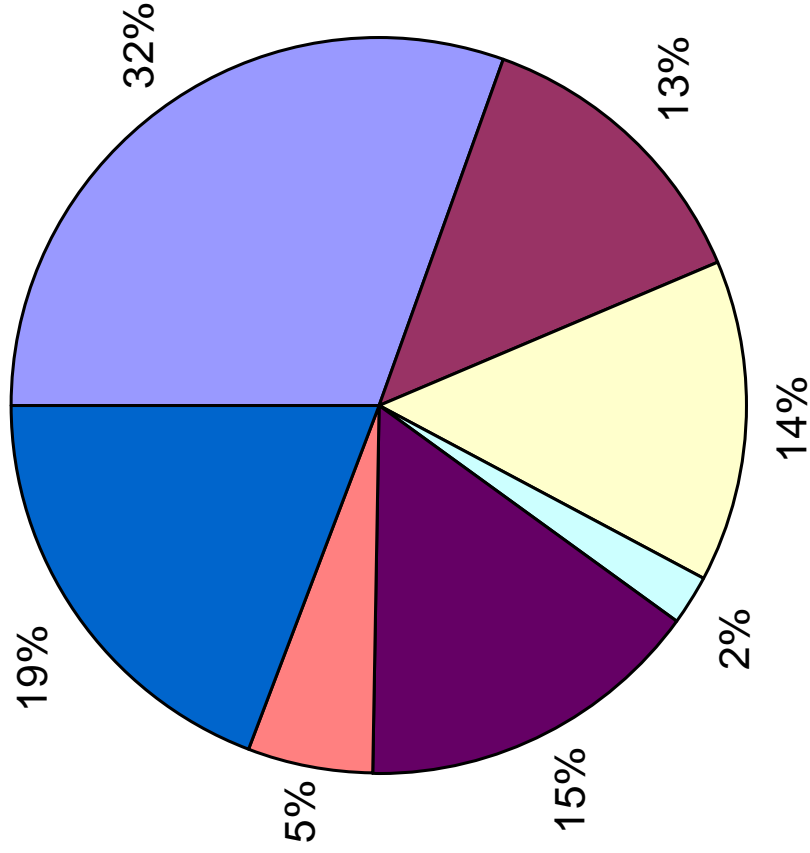
Tigray



HEW's reported (n=27) Supervisor reported (n=9)



Sources of Motivation for HEWS



Getting training

Helping society

Community participation and support

Getting supervision and feedback

Having/needng sufficient products/materials/ equipment

Need incentive/ salary/ house

Other



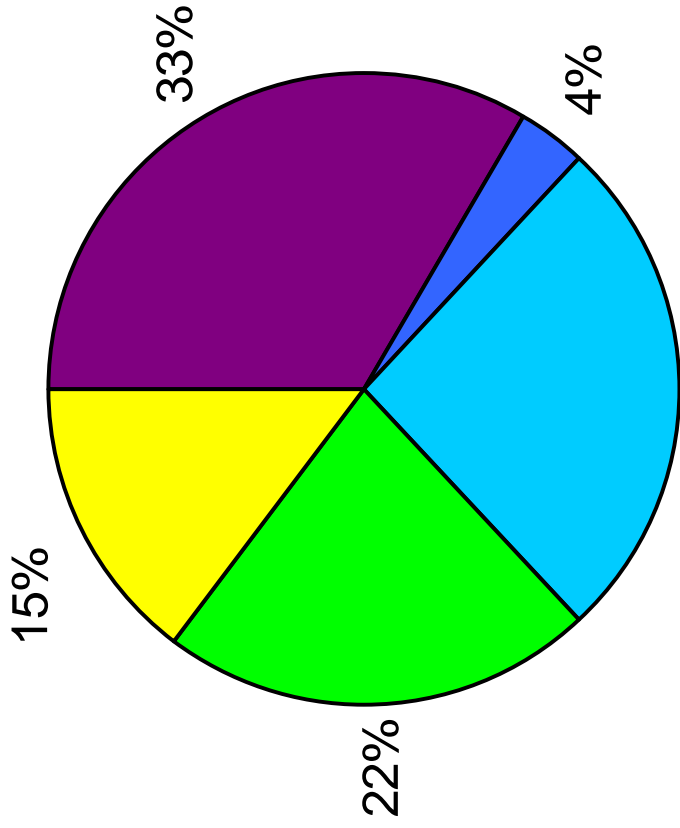
HEW Self-Reported Job Satisfaction



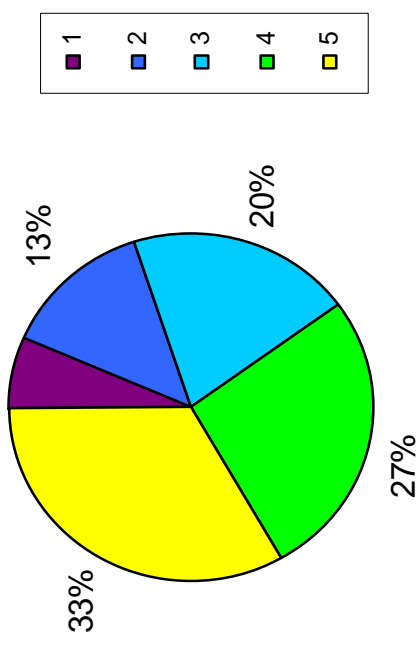
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(1-5 with 5 being highest satisfaction)

Tigray

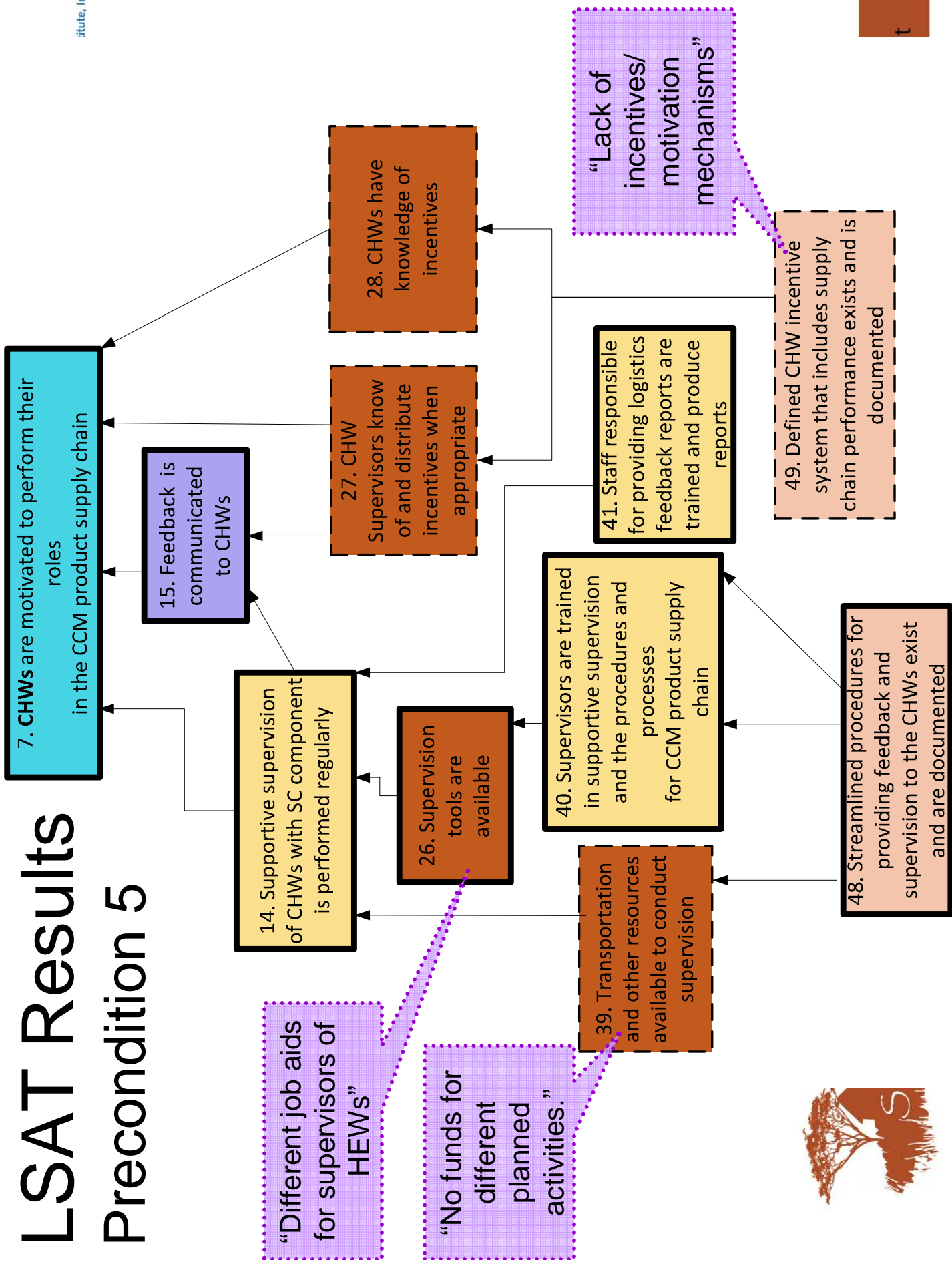


National



LSAT Results

Precondition 5



Access to Communication Technology - Tigray

- Cell phones are widely (**100%**) available at HEW level

however...



- only **44%** of HEWs have adequate network coverage
- only **52%** of HEWs have a source to recharge their phones



Discussion



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Next Steps

- **Ethiopia Data Validation Regional Meetings, November 12 to 23, 2010**
 - Review data
 - Identify and discuss major SC challenges at HP level
 - Obtain input on potential areas of interventions
- **Following the meeting**
 - Disseminate results of baseline assessment
 - Share recommendations
 - Develop intervention strategy
 - with inputs from MOH policy makers and stakeholders



Thank you



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