Using a Theory of Change Model to Improve Supply Chains for Community Case Management in Resource Limited Settings

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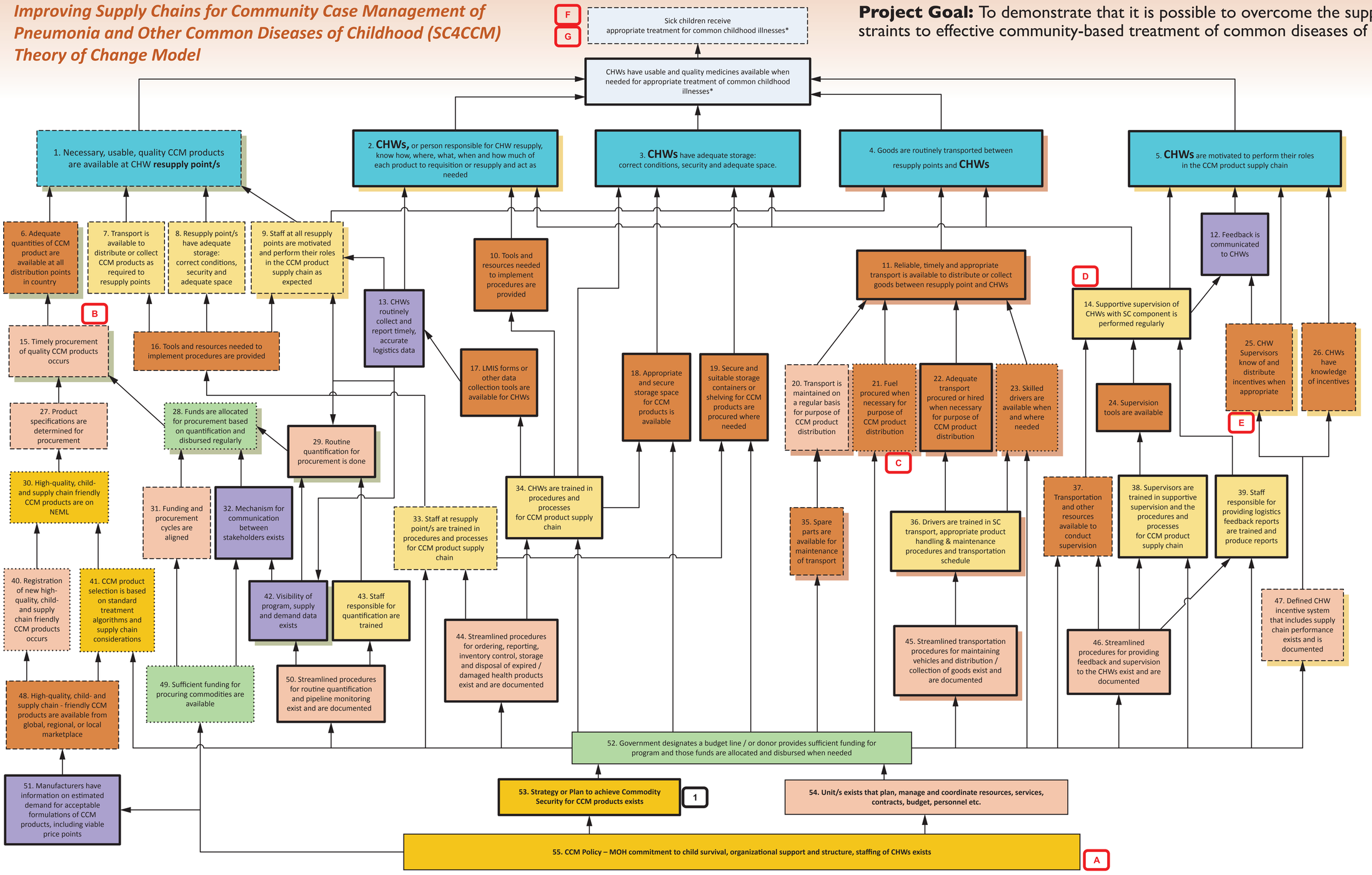
Improving Supply Chains for Community Case Management of Pneumonia and Other Common Diseases of Childhood (SC4CCM) Theory of Change Model

Project Goal: To demonstrate that it is possible to overcome the supply chain constraints to effective community-based treatment of common diseases of childhood at scale.



Assumptions:

A Cadre of CHWs exists and CHWs are deployed in adequate numbers and are well distributed in remote, hard to reach areas

B Central level MOH procurement unit exists

C Fuel is available when needed

D An adequate number of supervisors are available

E If CHWs are salaried they are paid regularly and on time

F CHWs are trained to identify, classify and treat or refer common childhood diseases

G Demand for CCM services exists

Footnotes

1 A commodity security strategy is not necessary for a CCM program per se, but is a powerful instrument for ensuring availability of product at the community by gaining commitments from stakeholders.

* Common childhood illnesses include pneumonia, malaria, diarrhea and malnutrition

The interventions and solutions proposed by SC4CCM to strengthen supply chains for community case management are based on the analysis of the relative strength of these system performance elements (color coding) and their preconditions (boxes). The project works to improve availability of CCM products at the CHW level in Ethiopia, Malawi, and Rwanda. Examples of how the ToC has been applied follow (from Malawi):

EXAMPLE 1: MANAGEMENT (see ToC box 2 and associated boxes)

Staff at resupply points do not always perform their supply chain roles as expected

- Despite a relatively high percentage of resupply point staff trained in supply chain management, 66% had a discrepancy between the actual physical inventory and the balance on the stock card.

- No incentive/performance-linked rewards system is currently in place to drive performance.

Potential Interventions Ideas

- Motivation - Public recognition of good performance (e.g. reporting)
- Commitment to full supply of CCM products among partners (MOH & partners)
- Targeted training focusing on areas of high importance where CHW capacity is lowest

EXAMPLE 2: DATA VISIBILITY (see ToC box 42 and associated boxes)

Poor data visibility results in poor accountability, poor quantification, and a limited ability to advocate for increased funding.

- Consumption data from CHWs (called HSAs in Malawi) is not visible at district regional, or central level.
- Feedback gaps exist as to whether the supplies reached HSAs as planned

Potential Interventions Ideas

- Use of SMS and internet interfaces to have data visible throughout the supply chain

EXAMPLE 3: TRANSPORT (see ToC box 4 and associated boxes)

Reliable, timely and appropriate transport is not available to distribute or collect goods between resupply points and HSAs.

- Nearly 90% of HSAs who manage products depend on bike or foot travel on unpaved rough roads to access the re-supply point
- 56% of HSAs managing health products reported traveling between one and three hours to the resupply point in the dry season; on average an HSA must dedicate one day per month to collect supplies.

Potential Interventions Ideas

- Vouchers for bike maintenance
- Motorbikes for delivery

Photo courtesy of USAID | DELIVER PROJECT

SC4CCM Supply Chains for Community Case Management

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