

Using baseline assessment results in Malawi to identify innovative supply chain interventions for improving product availability for community case management

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SC4CCM Project Goal and Objectives:

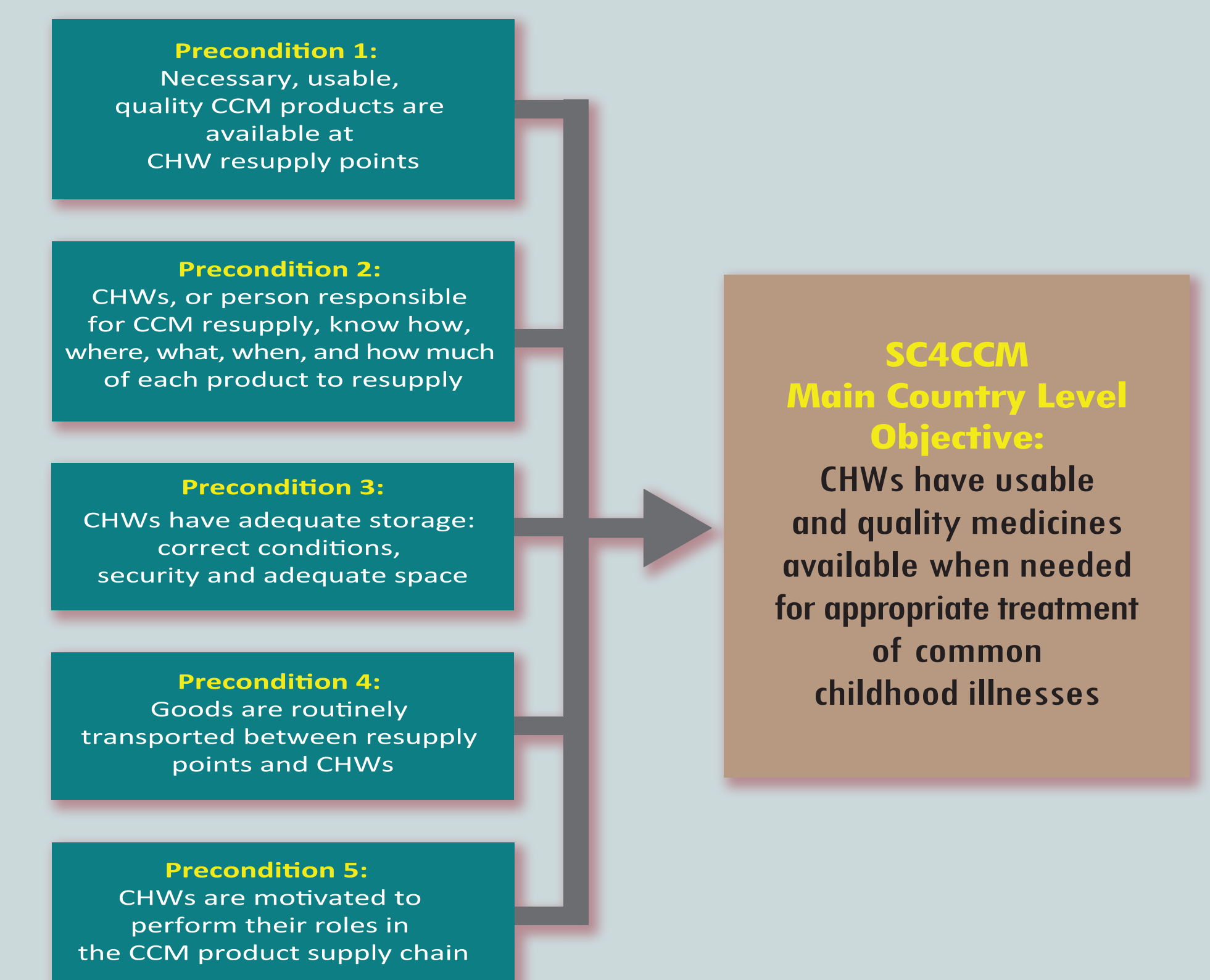


Goal: To demonstrate that it is possible to overcome the supply chain constraints to effective community-based treatment of common diseases of childhood at scale.

Objective: To test, learn and identify supply chain solutions that will improve product availability at the community level; and then to work closely with Ministries of Health, and supply chain and CCM implementing partner to scale up successful supply chain solutions in three sub-Saharan African countries.

SC4CCM Focus Diseases, Programs, and Commodities

- Pneumonia – amoxicillin or cotrimoxazole
- Diarrhea - ORS and Zinc
- Malaria - ACTs
- Malnutrition - RUTF
- Family Planning (when included in CCM) – Contraceptives
- **In Malawi our key products were cotrimoxazole, Coartem® and ORS**



CCM Supply Chain Baseline Assessment

Methods

Quantitative:

- Facility and CHW based survey (LIAT) using mobile phones and EpiSurveyor

Qualitative:

- Logistics system assessment workshop (LSAT)
- Key informant interviews (KII)

LIAT Sample Size

System Level	Achieved
Regional medical stores (all 3 selected)	3
District health office and pharmacy (purposeful selection across all three regions)	10
Health Centres (PPS selection)	81
CHWs (called HSAs in Malawi; 3 selected randomly per HC)	248

LSAT & KII Results

- Products being assessed are not maintained in full supply - there is short supply at central level and inadequate funding at district levels
- Delays in procurement due to lack of capacity/ bureaucracy, poor quantification, logistical constraints and poor planning
- LMIS reports at the central level do not provide information on stock status at the HSA level
- Many additional findings

LIAT Results

Product Availability at HSA and Higher Levels

Green dots show CCM products in stock, red/yellow dots show at least one CCM product stocked out.



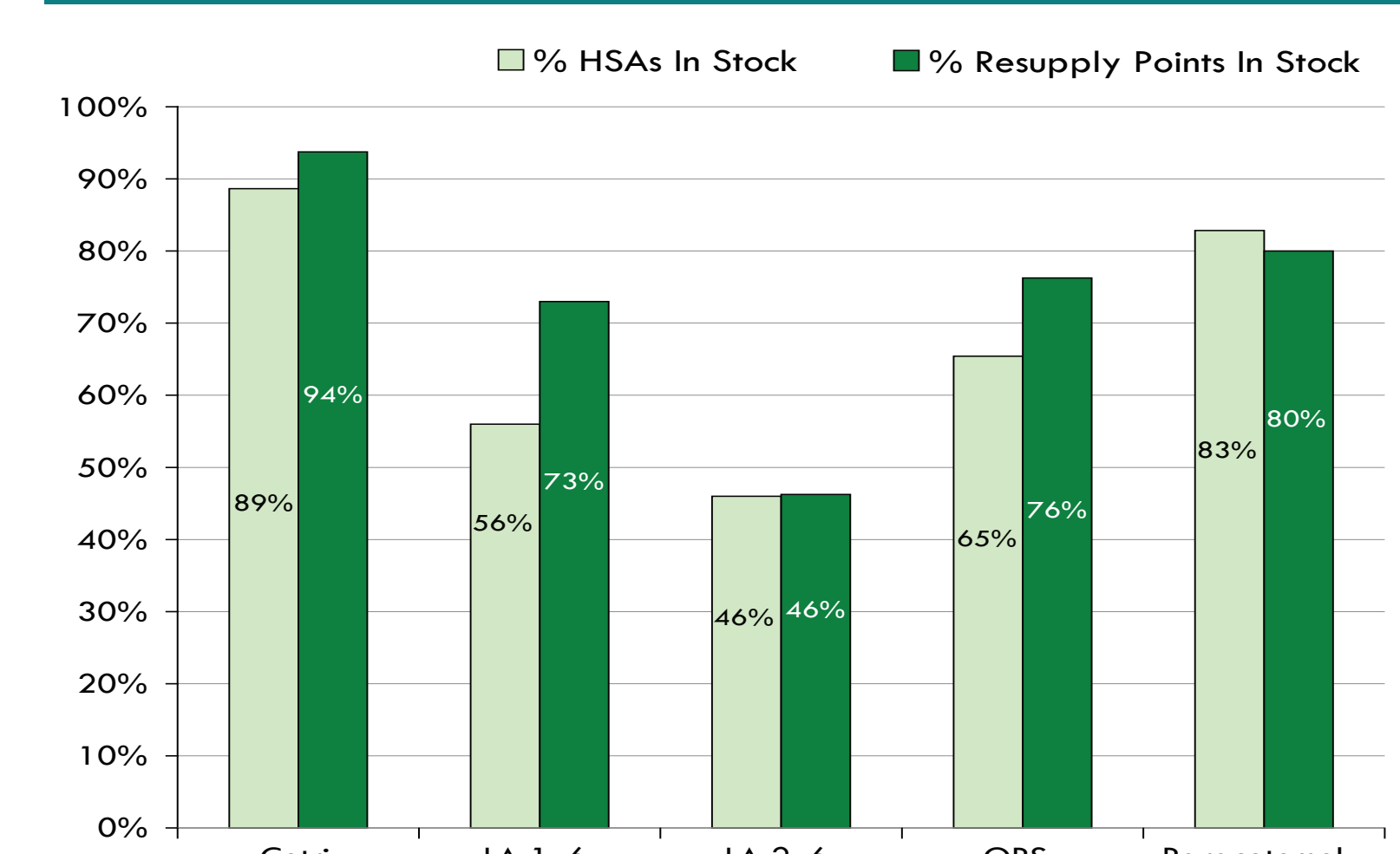
Of the HSAs who manage health products 34% had the 3 tracer drugs* in stock on the day of visit

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

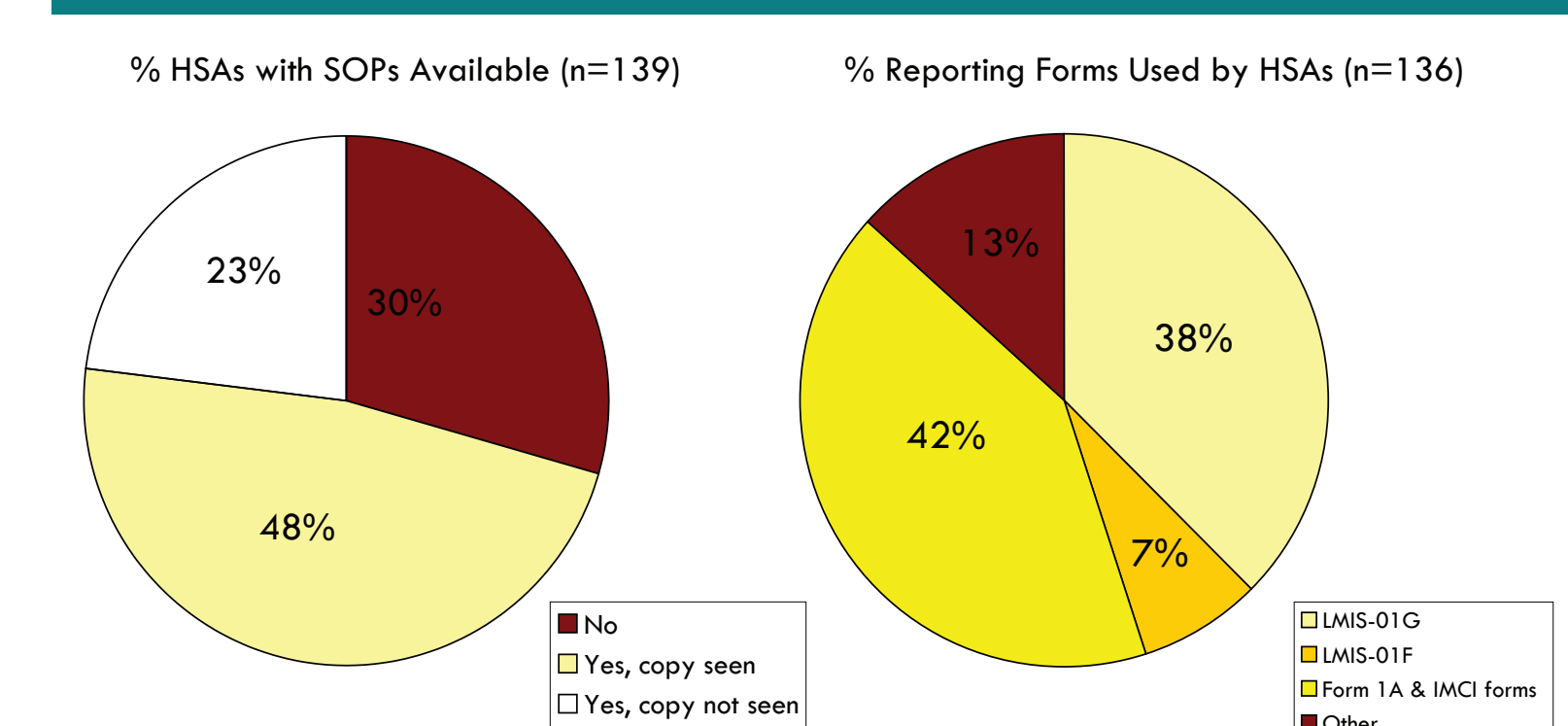
* cotrimoxazole, Coartem 1x6 and/or Coartem 2x6, ORS

**Eventhough Nkatabay appears to have low product availability district policy does not allow HSAs to manage Coartem

Product Availability at Resupply Points: High correlation with HSA product availability



HSAs Knowledge SC Processes: Standard procedures are not followed



Storage of CCM Products: Most HSAs use adequate storage practices

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%

Conclusions

Using Results to Design Interventions

Baseline Results Discussed in Various Forums

- Following Analysis
- In-country stakeholder meetings in Malawi
- Expert group meetings in US
- Wide variety of potential ideas for SC improvement were discussed



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HSA Motivation: Most HSAs report high job satisfaction

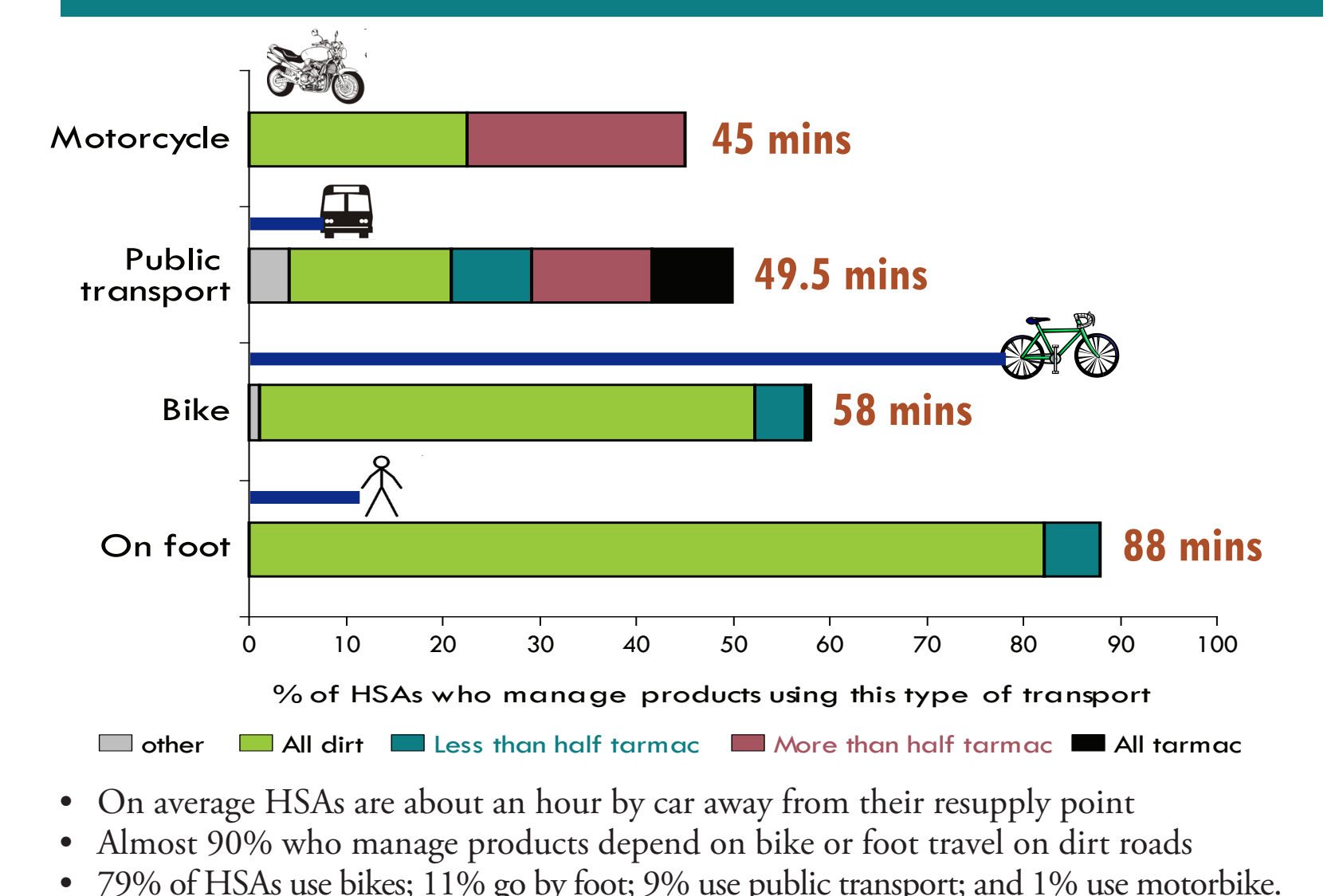


Access to Communication Technology: Resupply points and HSAs have access

- 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



Transport between HSA and Resupply Point: Most HSAs face obstacles--distance and road conditions



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

Intervention Ideas Under Discussion with Malawi

Product Availability at Resupply Points:

- Commitment to full supply of CCM products among partners (MOH & partners)
- Decentralize quantification and funds

Transport

- Vouchers for bike maintenance
- Motorbikes for delivery

Visibility of data and data quality

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

Motivation

- Public recognition of good performance (e.g. reporting)
- Performance based financing