Procurement and Supply Management for iCCM – common challenges

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iCCM and PSM

• Success of an iCCM program is dependent on the constant availability of commodities.

• Unique considerations and challenges at each step of the iCCM supply chain:
  – Rural areas, difficult geography
  – Limited or challenging transportation networks
  – Often a volunteer cadre working out of their homes
  – At the end of the supply chain

• Good planning of supply chain management is essential to overcome these challenges

• PSM for iCCM needs to be considered within the full supply chain context, from the beginning not as an add-on
What is PSM/SCM/pharmaceutical management?

Diagram showing the cycle of PSM/SCM/pharmaceutical management:

1. Selection
2. Procurement
3. Distribution
4. Use
5. Management Support
6. Policy, Law, & Regulation
Selection

- Consider the full supply chain, the CHW and the end user
  - **pediatric** dosages and formulations preferably dispersible tablets and acceptable taste
  - Appropriate packaging for the community level, specifically:
    - Transport and storage conditions
    - Volume of clients
    - Simplify dispensing and manipulation by CHWs
  - Harmonization of policies
    - Revising standard treatment guidelines, essential medicines lists, and registration status
Selection (cont.)

• Tender specifications need to respect selection
  – Individual courses of treatment (blister packs) or individually packed rapid diagnostic tests (RDTs)

Examples of what can go wrong:

• Procurement of co-trimoxazole 480 mg tablets instead of 120mg tablets for iCCM
• Amoxicillin dispersible tablets listed in guidelines and EML but non-dispersible tablets procured
Quantification

• Forecasting future consumption at the CHW level (estimating needs) based on data and assumptions

• Ensure there is adequate inventory at all levels of the system so products will reach the CHWs (integrated supply planning)- dependent on stock on hand, funding sources, lead times. Needs updating regularly
Quantification challenges

- Historical data ideal for forecasting but if iCCM is new, use demographic data.
- Be realistic about scale-up rates and use of services: assuming immediate at scale service availability and service use will over-estimate need and risk misuse &/or expiry
- Quantifying only for community level and not facilities
- Different supply plans: malaria/ MCH/ essential medicines vs an integrated supply plan
- Revise supply plan quarterly
- Coordination between all stake holders (CMS, NDRA, programs, partners etc.)
Procurement

• Allow time
• Careful planning and a clear strategy for expansion of iCCM very important
• Funding identified and available for timely disbursement
• Consider needs for all levels of system not just iCCM
• Include technical specifications for products
• Ensure quality of product
• Consider staggered delivery dates for annual procurements: allows for changes in dates of future shipments or quantities, as trends in demand become more evident, especially for new programs
• Communication and coordination to maximize resources
Distribution

- Define resupply system & align with already existing procedures and systems at higher levels
- Ensure supply chain tasks are appropriate for the CHW

- Develop simple reporting/order forms and job aids
- Link reporting to resupply
- Train CHWs in supply chain tasks & orient their supervisors
Challenges in distribution

- Facility staff hesitant to hand over prescribing
- Facility staff reserve stock to avoid stock outs in facility
- CHWs trained on case management & not supply chain
- Push vs pull vs kits
  - Push can lead to over or understocking
  - Pull dependent on accurate reporting and calculations
  - Kits have fixed quantities
- Supervisors not trained how to supervise supply chain
- Training of CHWs before supplies arrive- need for refresher training
Storage

• Space for increased volumes in the supply chain system
• Storage by CHWs in their own homes—need acceptable storage options
Logistics Management Information System (LMIS)

Supply chain data needed for
- quantification
- resupply

Challenges
- Overburden of CHWs collecting data that will not be used
- Inclusion of community level in LMIS but keep separate as it gets consolidated
- Tasks and instructions for reporting not simple
- Reporting not linked to resupply
- Monitoring of CHWs
- M health applications
Rational Use

• iCCM can be linked with ↓ AMR

• CHWs can follow protocols but depends on training, job aids, supervision, and feedback

• Integrated supervision required : involve resupply point
Coordination & integration

- Integrate iCCM into national PSM system: strengthen pharmaceutical systems rather than set up parallel systems for iCCM
- Coordination between donors for different commodities
- Coordination between different departments in MoH e.g. malaria, child health and NDRA etc.
- Integrated supply plan- to include all sources of products and coordinated with iCCM expansion plan

PSM for iCCM should not be an after-thought
Resources

Supply Chain Management sub group of CCM Taskforce- webpage with resources
http://ccmcentral.com/about/iccm-task-force/supply-chain-management-subgroup/