



# Supply Chain Management for CCM Private Sector Approaches

PSI MADAGASCAR

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# PSI Madagascar

## Mission

*To measurably improve the health of vulnerable Malagasy population with communications, products and services that are accessible and of high quality.”*

- 17+ years of evidence-based social marketing in Madagascar
- Interventions in malaria, child survival, women's health and HIV/STI prevention and treatment
- Operate at scale in all regions
- 3 distribution channels: community, pharmaceutical, commercial



# Context

- Social marketing products and services have had a significant health impact in Madagascar. However, implementation has largely been conducted in urban and peri-urban areas. Rural populations continue to have poor access
- *Community Based Distribution*
  - Approach designed to expand and improve access by delivering products and services to hard-to reach, underserved populations
  - Evolution of CBD model over last 10+ years





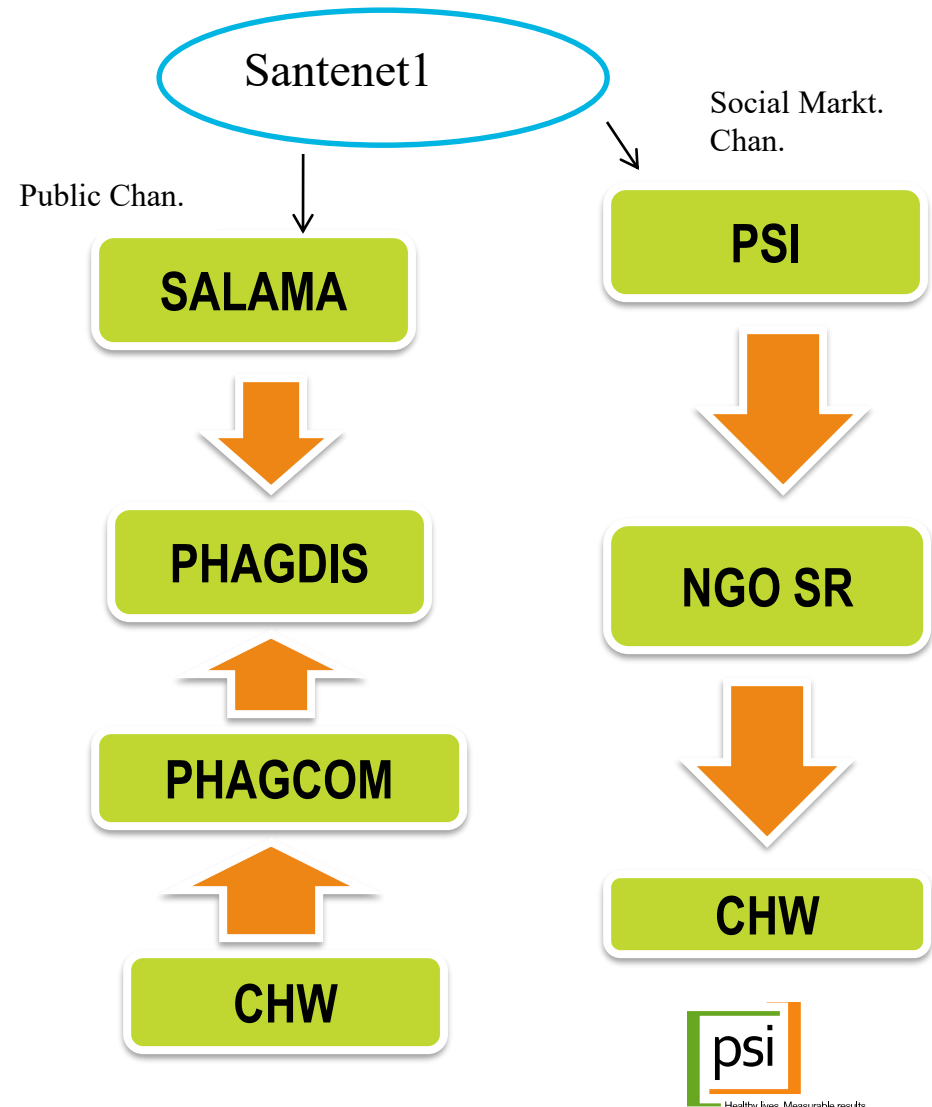
# *Evolution of CBD Model in Madagascar:*

## ■ Context

- 2004 – 2008 ; implemented by Chemonics
- PSI's role: Provide SM product to NGOs (FP)
- NGOs/Associations ensured distribution of products to CHWs, training, M&E

## ■ Challenges

- NGOs lacked logistical management skills, resources / materials, supervision, organization

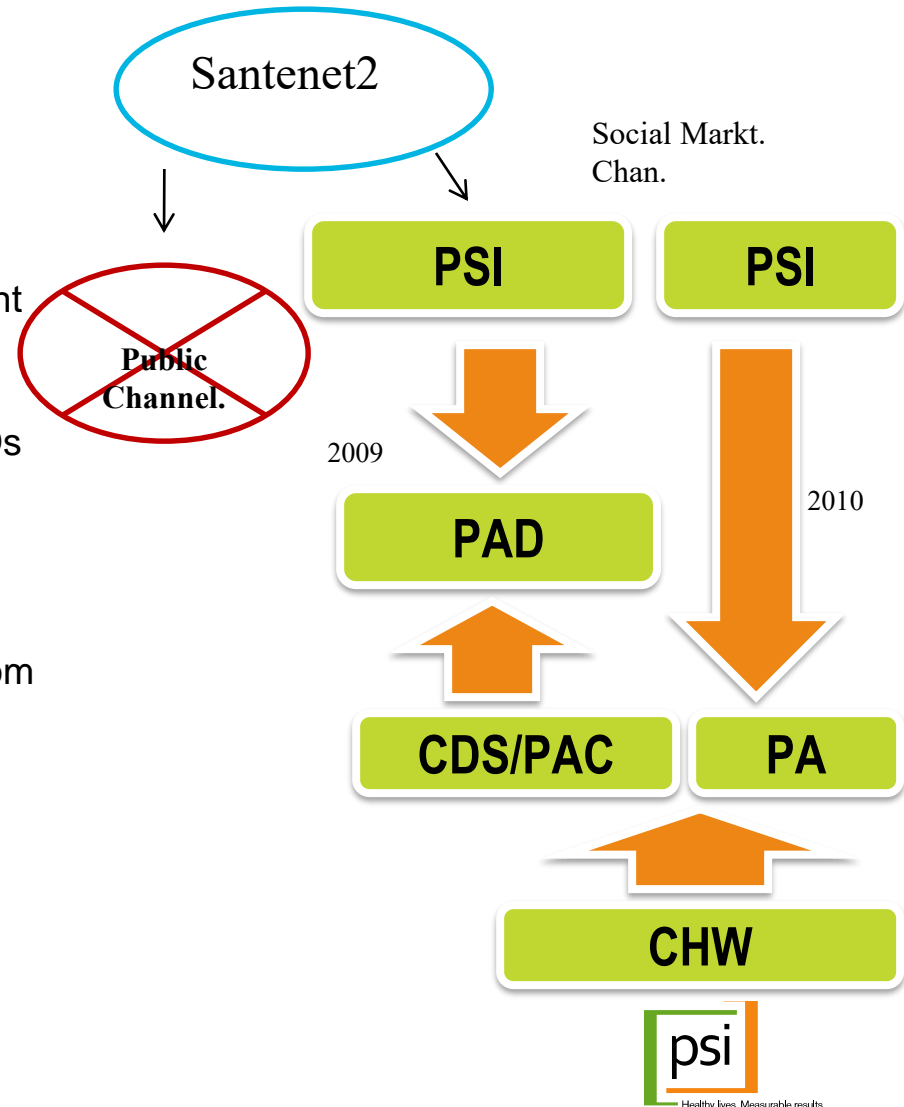


## ■ Context

- ## ■ Challenges

- Parallel System

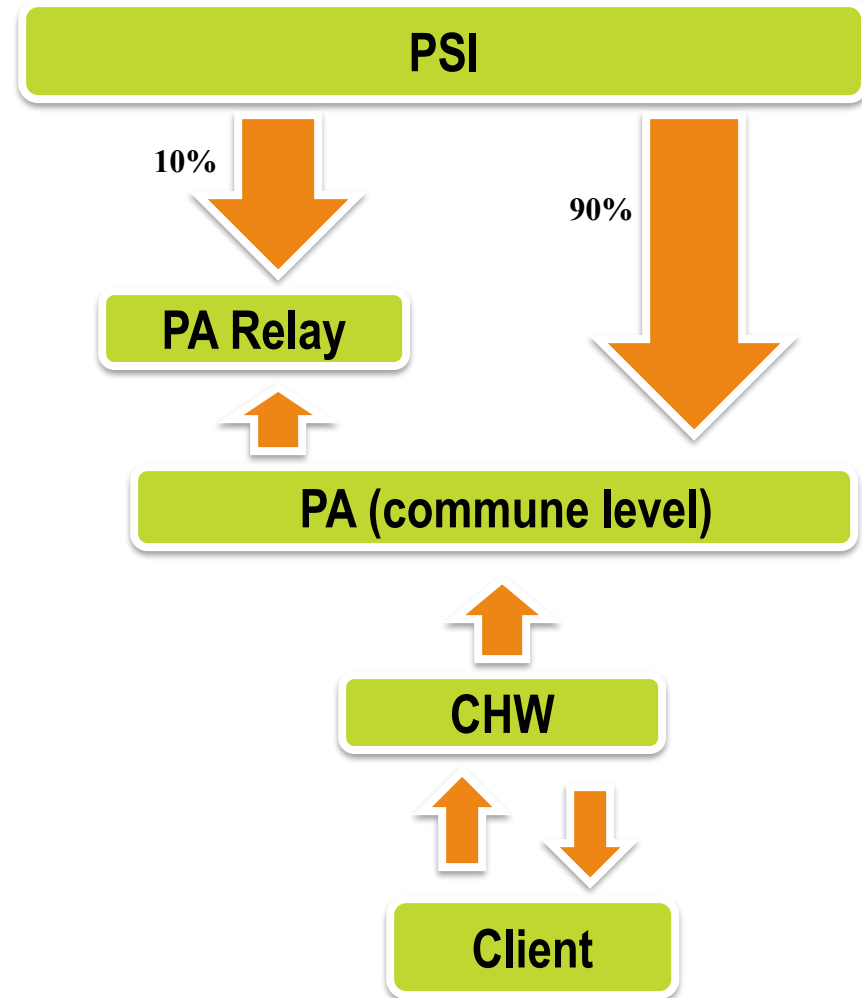
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# Current CBD Model

## ■ Highlights

- 2010 – present, implemented by JSI (MAHEFA) & MSH (MIKOLO)
- PSI direct distribution and supervision to PAs/PA relays at commune level
- PA relay: for inaccessible zones
- PA receive training in business & financing , stock management, SMS, and stock management tools
- PSI resupply and supervision visits every 1-3 months based on CHW average monthly consumption (CMM) + security stock
- PA monthly reporting via SMS and hard copies using stock management tools
- PA accessible to CHW
- Collaboration with bi-lateral partners
- Complimentary to public sector system
- 2012: model included in National Community Health Policy



# Challenges

- # of PAs: 1,180 PAs (115 PA relays)
- Limited Resources (Staff, Equipment etc.)
  - Roughly 47 PAs per each distributor
- Accessibility
  - 68% of PAs accessible year round
  - 28% accessible between 2-10 months/year
  - 4% inaccessible
- PA financing of commodities
- Data collection (SMS data sending difficult for PAs; network coverage)



# New CBD Model Pilot :

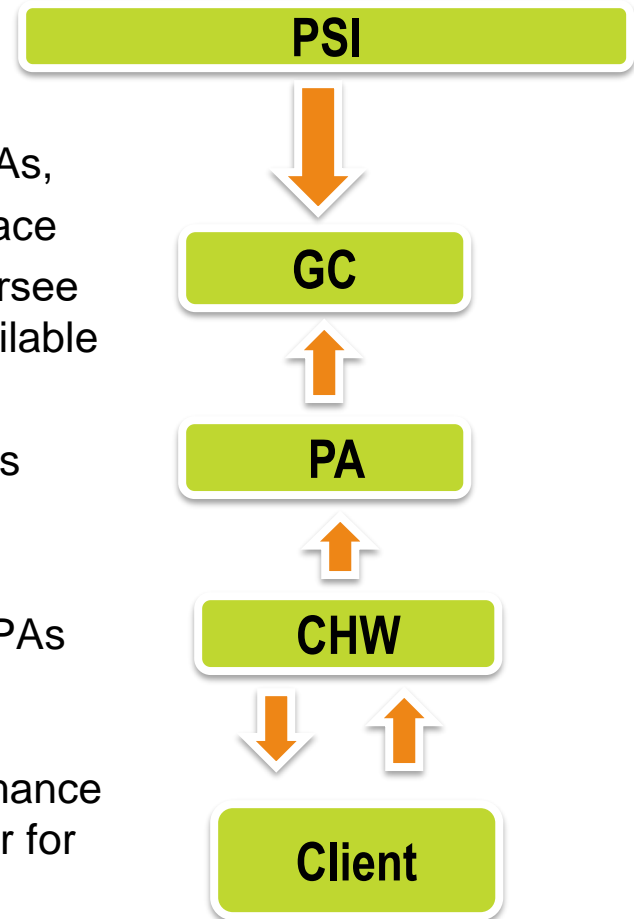
- What?

- Grossiste Communautaire (GC):

- similar to PA relays supplying neighboring PAs,
    - additional capacity: finances and storage space
    - strengthen PSI's presence in the field to oversee PAs in order to ensure that products are available

- How?

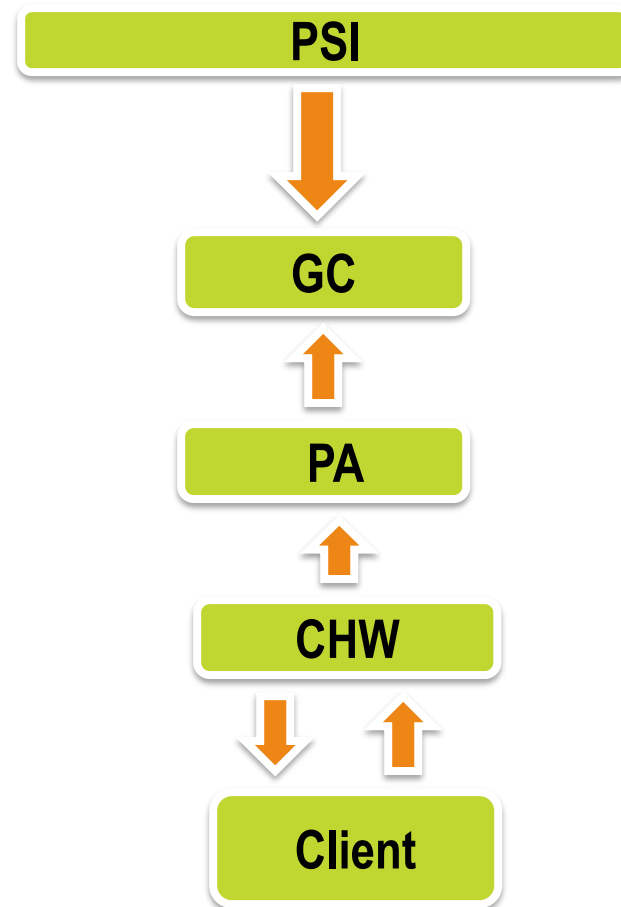
- Recruit GCs & replace underperforming PA relays
  - Strengthen the capacity of GCs in business management to ensure needs of the community
  - Establish a comprehensive incentive system for PAs and GCs to allow for a dynamic and effective collaboration (ie. Discount on product purchase compared to current price, non-monetary performance recognition items, transport allowance as voucher for PA to facilitate resupply at GC





# Continue..

- Conduct monthly supervision visits of PAs by SDs (Distribution Supervisor)
  - Following supervision visits, replace PAs who are not performing to ensure product availability and data collection
- Who?
- Distribution drivers with vehicles will ensure supply to GCs on monthly basis
  - SD with motorbikes will ensure quality by providing oversight, direct data collection and capacity building of PAs on monthly basis using tablets



# Approach

## ➤ Decentralization

- Relocation of staff and resources to increase efficiency
- Increase of SD supervision and support at PA level on monthly basis

## ➤ Sustainability

- Development of high performing GC
- Increase cost effectiveness through GC distribution method
- Reinforcing link between distribution chain

## ➤ Empowerment

- PA active participation
- RD/SD ability to evaluate and replace PA as necessary



# CBD Recap

- Models evolved based on lessons learned
- No model is perfect, but continuous monitoring and analysis is essential
- Partnerships / Collaboration are critical to understanding gaps in the system
- Proper incentives determine motivation / success of program
- Private sector can play a significant role in CCM

Thank you! Merci! Misaotra!

