Supply Chain management for Community Case Management - Private Sector Approaches.
Webinar
Tuesday, December 8th, 2015

Q&A

Q1 Where a community Health workers is working with both products from Living Goods as well as those free items from the health facilities in public sector, how do you control /avoid sale of government medicines? This could be considered a risk on the side of those operating in public sector. Secondly, are there any ongoing attempts to have the mobile tool LG is using to inform efforts to collect logistics data from the community level for planning?

Living Goods coordinates closely with the government to avoid sale of 'free' public sector commodities by community health workers. While CHWs are able to pick up some free commodities from their local health facilities, these are often out of stock. Living Goods offers a significant value proposition to the governments in the countries where we work by ensuring an 'always in stock' supply of essential products for ICCM, pregnancy support and nutrition through our branch network. We ensure our products are tested for quality, procured from licensed vendors, and sold at or below market price. A recent randomized study showed that in areas where LG operates there was a market effect where competing drug shops were 50% less likely to sell counterfeits and drug prices were 17% lower compared to control sites during the study period. For the customer, it is often cheaper to have an LG agent come to their door to sell a product than for them to take time and pay transport to go to a health facility or drug shop.

While we believe the value addition of our public / private 'hybrid' approach is clear, we also need to control for risk factors such perverse incentives from CHWs and sale of 'free' drugs by CHWs. LG's branches are closely working with district / country health offices and local health facilities through monthly meetings and reporting to understand when free commodities are available. Our field staff notify LG managed community health workers when free commodities are available. LG drugs have a LG branded sticker or LG branded packaging to differentiate vs. the public sector goods (private label brand nutrition products, and co-packs in the case of ORS+zinc and prenatal vitamin/deworming kits).
We also use our powerful mobile tools to help with tracking and quality control. These mobile tools help our CHWs assess illnesses and treat when necessary. These tools give us real-time visibility into the agent's actions in the field. If an agent had provided more treatments than purchases, we investigate. We check our point of sale system data vs. reported treatments from our mHealth apps to check for outliers and discrepancies, with prompt investigation by our field staff. We also routinely call a sample of our CHW's clients to check in on the quality of service and support they are providing.

Lastly, LG is open to distributing some commodities for ICCM for free through our CHWs if that is the government policy – as long as the subsidy is sustainable with long term backing from a government or donor community. We believe in smart, targeted subsidies for those who need it most. Our impact results show the approach is working – LG and Brac achieved a 25% reduction in u5 mortality in the areas were we operate, and these results were similar across income strata. Powered by evidence and a strong culture of performance management, we are being asked by our government partners to scale this approach.

Q2 Does Living Goods work in very rural isolated areas and if so how do you secure your pool of CHWs who meet the literacy/math criteria? is this an issue or not for this model?

LG started primarily working in urban and peri-urban areas and is now scaling up into more rural settings in Kenya and Uganda. Through our partnerships with Care in Zambia and PSI in Myanmar, we are rapidly learning how to work best in rural areas. Initial results are promising in our partnerships countries as we see the need is great given poor access. We have a selective recruiting process that involves a basic math and written test, plus an interview and competency test at the end of our training with annual re-certification tests. We actively replace low performing agents because we want to ensure the communities are served by active agents. Thus far, the literacy and math requirement has not been an issue but is something we monitor closely and factor into our country expansion considerations. We are open to adapting this approach where the context requires and can learn a significant amount from the global community about how to best operate in illiterate environments.

Q3 The presentation on the PSI model did not emphasize on the issue of handling data from the system. I got a sense that it was dependent on a manual system (mobile phone was not working well for the model). Could you mention some more on this aspect?

In fact, the greater issue we are presently having is the data collection process, prior to the handling of data from the system. In the current model, excluding the new pilot, PAs are responsible for SMS reporting, but the reporting rates are low. During PSI distribution visits, we do collect these stock reports, but there is a significant lag of time as we currently visit these supply points on a frequency of 1-3 months. Thus, by the time these reports arrive at the central level and inserted into the system, the stock situation has already changed significantly. Our new model aims to address this challenge by having PSI conduct this data collection directly on a monthly basis during supervision visits. Once data is collected, it's uploaded directly in our DHIS2 system, which is an open source information system, then analyzed by our M&E and distribution teams to identify supply points poorly performing.

Q4 For both models, can you speak to how supply and service data are shared with the govt entities. if at all and if not how we could work on this so that all data are captured and used for decision making?

LG reports agent activity data into the government routinely, are active participants on relevant technical working groups, and closely coordinate with both local and national governments. We are building up our local government relations and advocacy efforts to better help input into national planning processes. We would appreciate any input from the community on best practice for reporting supply / inventory data, as well as CHW activity data.

From January 2009 through April 2014, PSI was not able to work directly with the Malagasy government given USAID restrictions as a result of the coup d'etat . Following the lifting of restrictions, PSI has worked more closely with the government; we are part of the GAS committee, or public sector supply chain committee, assisting with quantification analysis and stock management improvement exercises. In additional, for our NSA II project funded by the Global Fund, we worked closely with the government to determine quantities of ACTs to procure and distribute to the public sector.

While PSI/M does not share consumption data systematically with the MoH, we do share this data when collaborating on specific projects. For example, we've shared CMM (monthly consumption) data with the MoH when quantifying ACTs for the NSA II project, as they are our sub-recipient. During outbreaks, we also share consumption data to quickly determine the quantity of products to be distributed to a specific zone, and often donate these products.

Q5. Do you foresee the PSI system to be a parallel system long term or do you see the capacity of the PSI system gradually being transferred to the MoH system (Salama- PhagDis-PhagCom-CHWs)?

In an ideal world, the public sector system would function appropriately to allow products to be easily accessible and available to CHWs. At the present moment, there is a need for this parallel system as the link between the PhagDis & PhagCom is broken. The correct tools, incentives, and system are not in place to allow for appropriate supply chain management, yielding a lack of stock at the CSB level. The vision of USAID is to move towards building the capacity of the MoH system, and PSI has already assisted with the strategy design of the pilot project, but this will take quite some time as there are also challenges at the Salama level. The parallel system does not aim to compete against the public sector channel; rather, this additional channel is really complimentary and offers CHWs another avenue for severing their community, especially those CHWs who are more than 5K from the nearest CSB and can more easily access a PSI supply point (PA).