



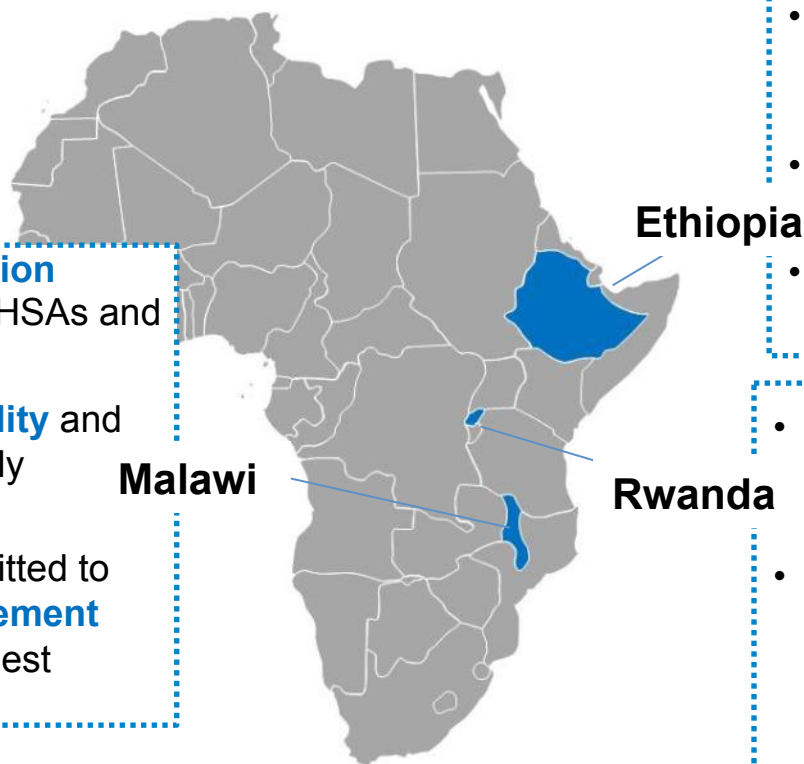
Making Products Available in the Community: ***Evidence for Improving Community Health Supply Chains***

Yasmin Chandani, Project Director, SC4CCM

Supply Chains for Community Case Management (SC4CCM) tested supply chain innovations in 3 countries over 12-24 months to improve product availability and child health outcomes.

Where we worked and what we did to improve product availability...

- Address **transportation** challenges between HSAs and their re-supply point
- Enhance **data visibility** and reporting and resupply practices
- Create **teams** committed to **continuous improvement** and **recognition** of best performance



- Educate staff on **supply chain fundamentals** and provide **basic skills** training
- Instill culture of structured **problem solving**
- Reinforce training through **leadership roll out support**

- Design **simple, standard procedures/tools** for resupply of CHWs and provide training
- Form **teams** to test innovations and **generate local best practices** that can be shared
- Develop a supply chain **incentive system**

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SC4CCM's Approach



- Baseline surveys conducted in all three countries in **2010** using a Theory of Change (TOC) as the common framework
- Results identified major **bottlenecks** and provided inputs for solutions
- Evaluated impact of interventions through midline surveys in **2013**
- Gained consensus for **scale-up package** of successful solutions through data validation workshops and use of *The Pathway to Supply Chain Sustainability* tool
- Partnered for scale up and worked with MOH to **institutionalize** successful practices

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SC4CCM, MOH and partners achieved significant results

✓ Product Availability Improved

- Intervention groups in Rwanda had **25%** and **7% greater product availability** for all 5 key CCM products, respectively, than the comparison group.
- CHWs receiving the EM intervention in Malawi had **14% fewer under stocks/out of stocks** than the comparison group.

✓ Data Visibility Improved Enabling Better Management of Products

- CHW **reporting rates** in Malawi were consistently **above 80%**, up from **43%** at baseline, and reporting completeness was above 90%.
- **77% of CHWs** in Ethiopia knew they should **submit reports** to the health centres **compared to 14%** of the comparison group.

✓ Motivation for Supply Chain Tasks Improved

- **99%** of respondents in Malawi found the **mHealth system, cStock, saved them time** in submitting reports and collecting products.
- **92%** of CHWs in Rwanda reported that **incentives helped to improve management of medicines**.

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Key Findings...

Community Health Supply Chain **Works Best When:**

- CHW resupply is based on demand using consumption data
- Data is available and consistently used for decision making
- Formalized structures exist to facilitate teamwork and motivate staff across all levels of the supply chain
- Tools and training are created and utilized to drive group problem solving
- Leadership exists that is committed to product availability at CHW level
- Overall supply chain system is functional and provides products at adequate levels



You achieve the greatest benefit from your supply chain when all these factors are in place and working together.

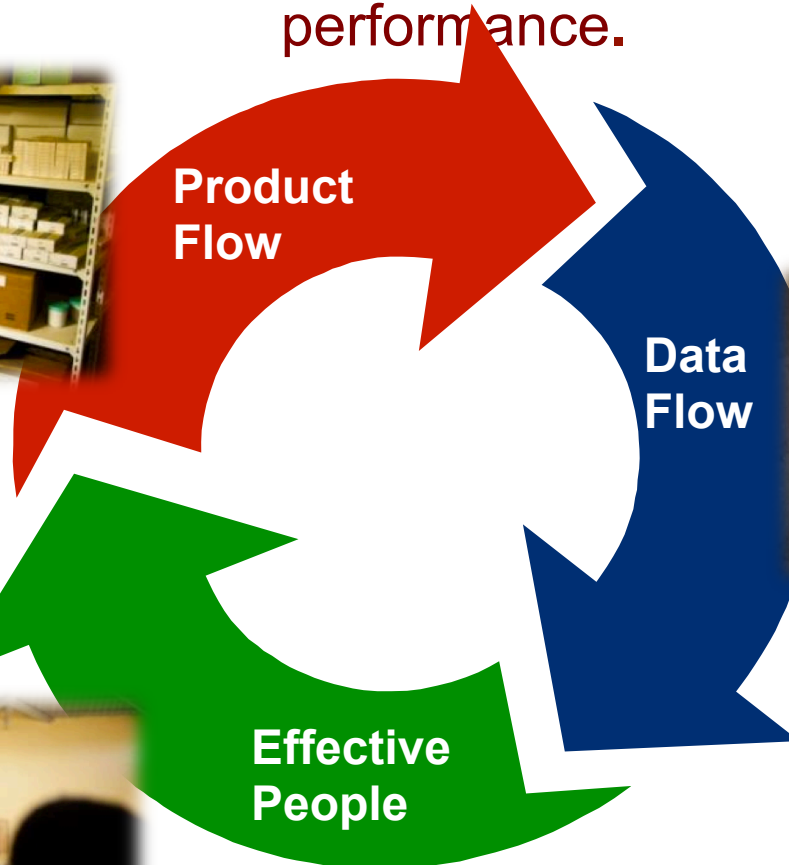
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SC4CCM has **categorized key findings** into the **three areas** that need to **work well together** to improve overall performance.



Products flow effectively and efficiently through the system **based on CHW need**



Consumption and stock data is available and usable for supply chain decision making and problem solving



A skilled and motivated workforce **utilizes teamwork to problem solve** and achieve their supply chain goals

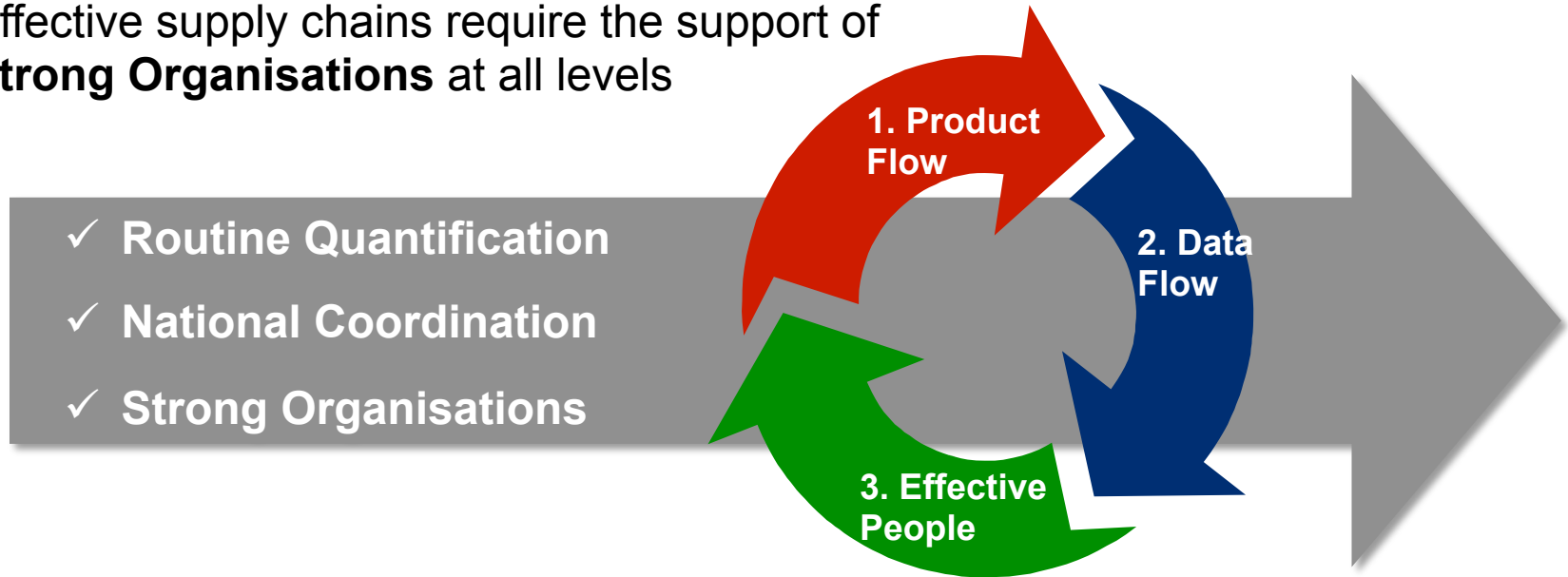
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But **Routine Quantification, National Coordination, and Strong Organisations** play a foundational role in ensuring the CCM Supply Chain is able to perform

- Effective **national level coordination** and **routine quantification** are key to mobilizing sufficient funding to result in timely procurement and distribution
- Effective supply chains require the support of **Strong Organisations** at all levels



Without these prerequisites in place, the community health supply chain cannot achieve high product availability on its own.

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Product Flow

Resupply of products can be considered in **three categories**...

Unstructured

No rules or process drives resupply

Fixed Quantity

Resupply of a standard amount occurs regardless of actual demand

Example: pre-packed kits

Demand Based

Resupply quantities are based on reported consumption

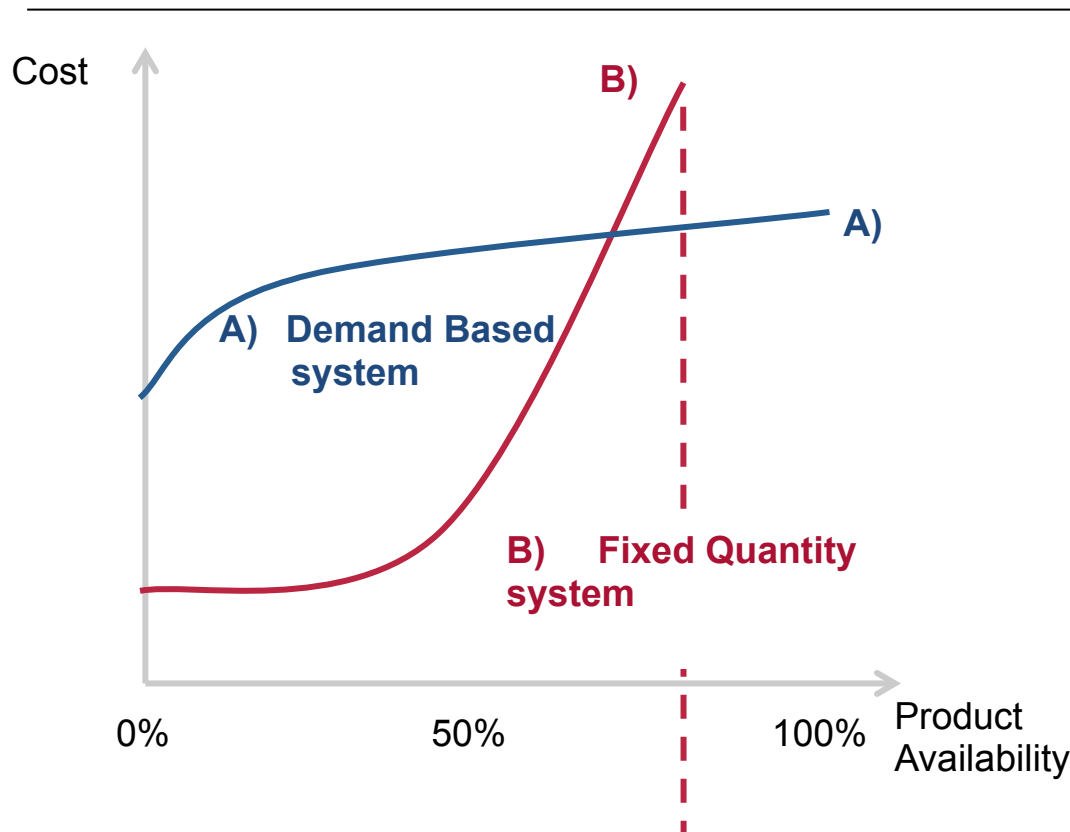
Example: Logistics Management Information Systems (LMIS)

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Demand based resupply systems result in the **best product availability, stock transparency, and distribution efficiency**; they are more costly and complex to set up, but **offer better performance over the long term**.

Cost-Benefit Impact by Resupply System



SC4CCM Best Practice Programs striving for high levels of product availability should eventually aim for a **demand based system**: fixed quantity systems will always result in some over-stocking and become costly in terms of waste at higher levels of overall availability. **Fixed quantity systems should only be used for a limited period** until a demand based system can be established.

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Data Flow



Data Flow for product consumption and stock data is critical to a demand based resupply system– there are **three categories** reporting systems fall into...

Misaligned Reporting System

Data flow does not support resupply decision making

Manual Reporting System

Consumption and stock data is recorded in ledgers and physically transferred

mHealth Reporting System

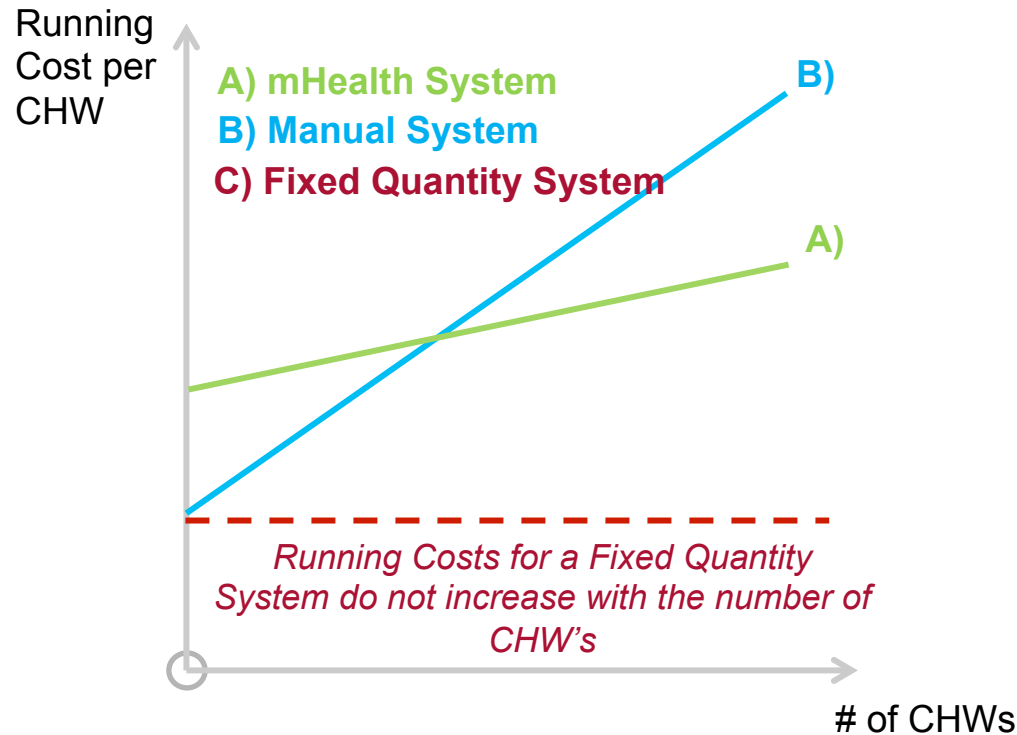
A specially designed mobile phone system to record and transmit consumption and/or stock data

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mHealth Systems are powerful tools to support demand based resupply because they are the **most effective way to obtain timely and accurate data** for supply chain decision making; they are more costly and complex to set up, but offer **better performance and cost effectiveness at large scale.**

Cost Impact by Scale (# of CHWs)



SC4CCM Best Practice

To realise the potential of a demand based system, **mHealth and manual systems will require training and rollout support** to implement new processes and skills at community level. If these investments are unaffordable, **a fixed quantity system may be a better alternative than partially implemented demand based systems.**



Effective People

Effective People extends strong organisational requirements to lower levels and ensures that you get the **most out of your resupply system.**

Because they are **interconnected**, improvements should be made in **all three areas to drive maximum benefit.**

Management

Focuses on having appropriate organisational placement for supply chain activities, clear roles and responsibilities, training, supervision, leadership support and overall compliance to resupply policies

Teamwork

Provides the structure and format to facilitate group problem solving across the different levels of the community supply chain

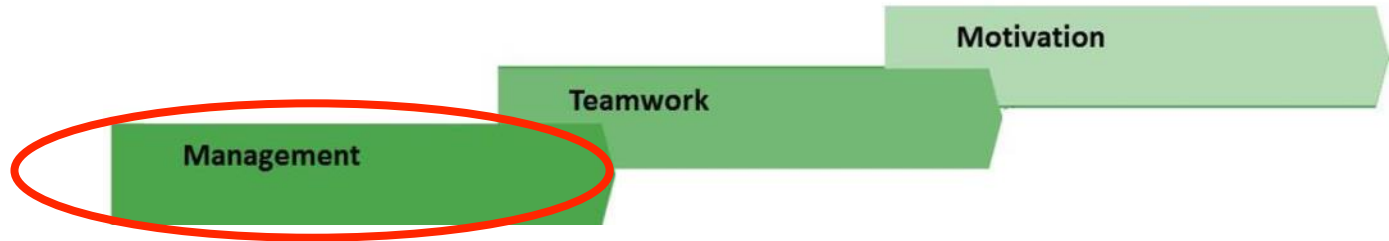
Motivation

Ensures that CHWs and HCs are recognized for their efforts and their impact on the community level supply chain performance

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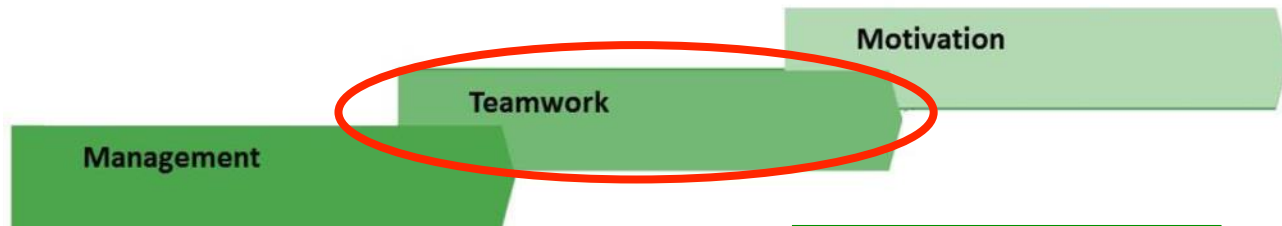
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Clear management practices ensure that **resupply is executed** in the manner it was designed and that **each member** in the supply chain **knows and is supported in their role.**

What Works

- 1 Ensure clear, standardized resupply procedures and tools exist and that staff is trained on how to use them
- 2 Provide supply chain basics training to ensure understanding of the fundamentals
- 3 Roll out support and leadership to ensure effective cascading of training
- 4 Enforce supervision and feedback; create tools to support the supervision process



Teamwork throughout the levels of the supply chain **promotes continuous improvements** in supply chain tasks and performance

What Works

Implement regular occurring, face-to-face meetings that bring together the different levels of the supply chain

1

- HC meetings focused on CHW/HC issues
- District meetings focused on cross-HC issues
- HC and District trained on how to facilitate problem solving sessions

Meetings are learning sessions focused on group problem solving and coaching; they have a clear agenda and are not just “updates”

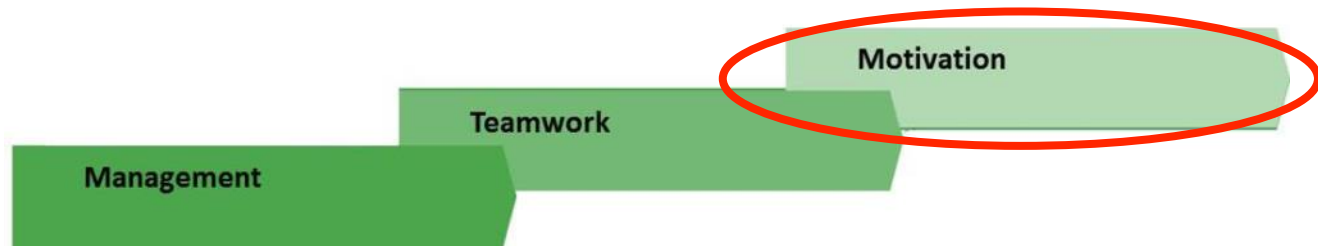
2

Teams record SC issues and create action plans

3

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Maintaining a supply chain focused on **performance** and continuous improvement **requires a workforce that is motivated** to execute well.

What Works

- 1 Ensuring that your CHWs and HCs feel appreciated
- 2 Show them that their hard work has a direct impact on the supply chain and the community
- 3 Rewards (incentives) and/or recognition can accomplish this goal
 - Can be monetary or non-monetary

SC4CCM would like to acknowledge and thank its key partners in this work, the Ministries of Health



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Ministry of Health



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PHARMACEUTICALS FUND AND SUPPLY AGENCY



and community health workers everywhere working hard to improve the health of children

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