

cStock and Supporting Teams (DPATs)

Humphreys Nsona,
Program Manager of IMCI Unit
Ministry of Health

Malawi



iCCM 2014

**Integrated Community Case Management (iCCM):
Evidence Review Symposium
3-5 March 2014, Accra, Ghana**

Malawi Overview

- iCCM nationwide strategy - initiated in Malawi in 2008
- Run and managed by CHWs – called Health Surveillance Assistants (HSAs)
- HSAs are one of the lowest cadre in Malawi Civil Service- paid by MOH
- Target for implementation is in hard to reach areas
- Coverage is over 84%
- Leadership by MoH-IMCI Unit and operationalized at Districts
- Conditions – Malaria, Pnuemonia, and Diarhea
- Supply chain commodities for iCCM – ACTs, Zinc and ORS and Cotrimoxazole (Amoxycillin)



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Rationale for Focus on Supply Chain

- In-availability of medicines
- Irrational drug management process
- Lack of coordination in drug management
- Supply chain reached health center (HC) only
- Weak linkages between community and HC



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Malawi Baseline Assessment 2010

- **Product availability hampered by poor use and visibility of community level data**
 - 27% of HSAs who manage health products had four CCM tracer drugs* in stock on day of visit
 - 43% HSAs submitting reports that contain logistics data to HC
 - 14% of HCs reported passing that information to higher levels
- **Opportunity**
 - 94% of HSAs surveyed had a mobile phone
 - 85% had mobile network coverage at least sometimes
 - District and central level staff have access to computers and internet at least some of the time




*cotrimoxazole, artemether lumefantrine 1x6 and 2x6, ORS


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Enhanced Management



mHealth system called **cStock** to address data visibility challenges



District Product Availability Teams (DPATs) with a common goal to improve supply chain performance

cStock

- HSAs use their personal, basic GSM phones to report logistics data monthly
- System calculates resupply quantities for HCs to prepack
- Provides different management reports via easy-to-use, web-based dashboard
- Data is hosted on **The Cloud**, an inexpensive, reliable and easy to manage option for a small scale system.

DPATs

- Product availability teams made up of HSAs, HC and district staff who set combined performance goals
- Teams use structured approach for problem solving and action planning
- Recognize individual and facility level improvements in supply chain performance and achievements

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cStock: Data and Product Flow

District and Central levels **monitor** resupply and stock levels through SMS alerts and a dashboard



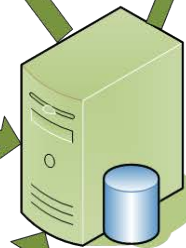
The dashboard **displays** reporting rates, stock outs, lead times, consumption and more



3. Health Center receives request via SMS and notifies HSA either “**order ready**” or “out of stock”.



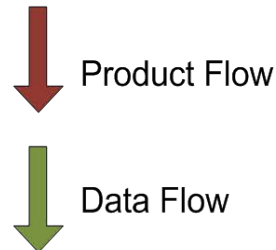
2. cStock **calculates the resupply quantity** and sends SMS to HC Pharmacy



4. HSAs collect products and send SMS with **receipt**



1. HSA sends SMS with **stock on hand** each month



District Product Availability Teams

District Product Availability Teams (DPATs) were introduced to use the increased **data visibility** to improve supply chain performance

Enhanced Management (EM)

DPAT/HPAT Meetings

- Quarterly District Meetings with District staff and HSA supervisors
- Monthly HC Meetings with HC and HSAs
- Topics discussed include
 - Performance plans & recognition
 - Reporting timeliness and completeness
 - Stock management , expiries & overstocks, and product availability

Performance Plan

- Supply chain performance indicators and targets
- cStock data and resupply worksheets used to track performance
- Formal recognition system to drive SC performance
- Management diaries used to track issues and actions taken

cStock Data

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cStock: Reports & Dashboard

Log out sarah



cStock



Dashboard

HSA

Health Facilities

User Profiles

M & E

Message Log

Message Tester

Management

Help

Reporting Rate

Stock Status

Consumption Profiles

Alert Summary

Re-supply Qts Required

Lead Times

Order Fill Rate

Emergency Orders

Site: Malawi



Go!



Current National Picture

Stockout rates

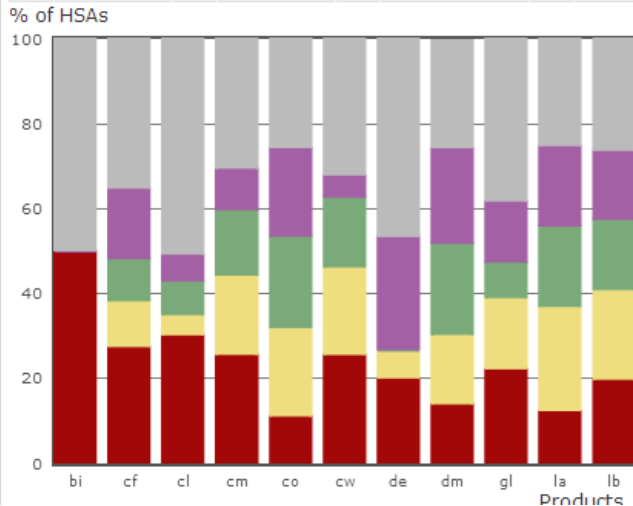
District	% HSA with at least one stockout
Blantyre	51.5%
...	72

Current alerts

	% HSAs
With EOs that HCs cannot resupply	5%

Current stock status by product

Stocked out Under stock Adequate stock Overs



The dashboard provides district and central level managers with visibility into HSA logistics data:

- cStock provides **real time data** enabling supply chain managers to respond immediately to issues
 - alerts, stock out rates and current stock status
- cStock **calculates and displays supply chain indicators** for system monitoring and coordination
 - reporting rates, lead times, consumption rates, and order fill rates

Evaluation Results

Pilot conducted in
6 districts from
July 2011 to
January 2013

Product Availability

- ✓ **62%** of HSAs had the 4 tracer drugs* in stock day of visit (compared to 27% BL)
- ✓ HSAs in districts using cStock and DPATs had **14% fewer stock outs or low stocks** than other districts on day of visit

Data Visibility

- ✓ More than **80% of HSAs** report logistics data to **cStock** every month (vs. 43% at BL)

Use of Data

- ✓ **91% of Drug Store in Charges** use cStock to inform resupply quantities
- ✓ **56% of HSA supervisors** use cStock data for performance monitoring

Teamwork

- ✓ **100% of District & HSA Supervisors** reported finding product availability teams useful
- ✓ **92% of HSA Supervisors** know their recognition plan

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Scale Up and Institutionalization

**cStock and DPATs are now scaled up to
2700+ HSAs and over 400 HCs**

Partnering for Scale

- 29 of 29 districts have committed funding for scale up: 9 WHO, 5 Save the Children, 2 IWG, 6 SSDI, and 7 SC4CCM; scale up will be complete by mid-2014

Operationalising MOH ownership

- Formation of a taskforce (MOH chair) dedicated to the scale up and sustainability of SC innovations
- Finding champions in MOH by having central level advocates and trainers in every districts
- Capacity building of MOH to provide management and leadership
- Development of comprehensive, multi-year cost estimates for resource mobilization, in the short term, and a transition plan to eventually cover all costs through the MOH

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Lessons Learned

- Clear MOH Leadership and engagement of partners from the outset is key for managed partnership for scale up to build broad ownership
 - Consider sustainability - scalability, institutionalization and integration – from the design phase- ground work and transition
- Keep the design of mHealth systems simple and suitable for the context
- Combining an mHealth solution with interventions that introduce structured processes for routine use of data so staff value the tool
- Cloud hosting is a cheap, reliable and easy to manage option for small scale systems
- Promising and Acceptable intervention for improving medicines availability at community level

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