



Supply Chains  Community Case Management

CCM Supply Chain Baseline Assessment - Oromia, Ethiopia 2010



SC4CCM Project Goal

SC4CCM will **identify, demonstrate, and institutionalize** supply chain management practices that **improve the availability** and use of selected essential health products in community-based programs.

- In partnership with MOH, CCM and supply chain stakeholders



Project Objectives

- **Conduct a baseline assessment and develop implementation plan**
- Test, identify and implement supply chain interventions
- Collaborate with partners to institutionalize improved supply chain practices
- Ensure capacity to procure quality, affordable CCM products
- Share lessons learned



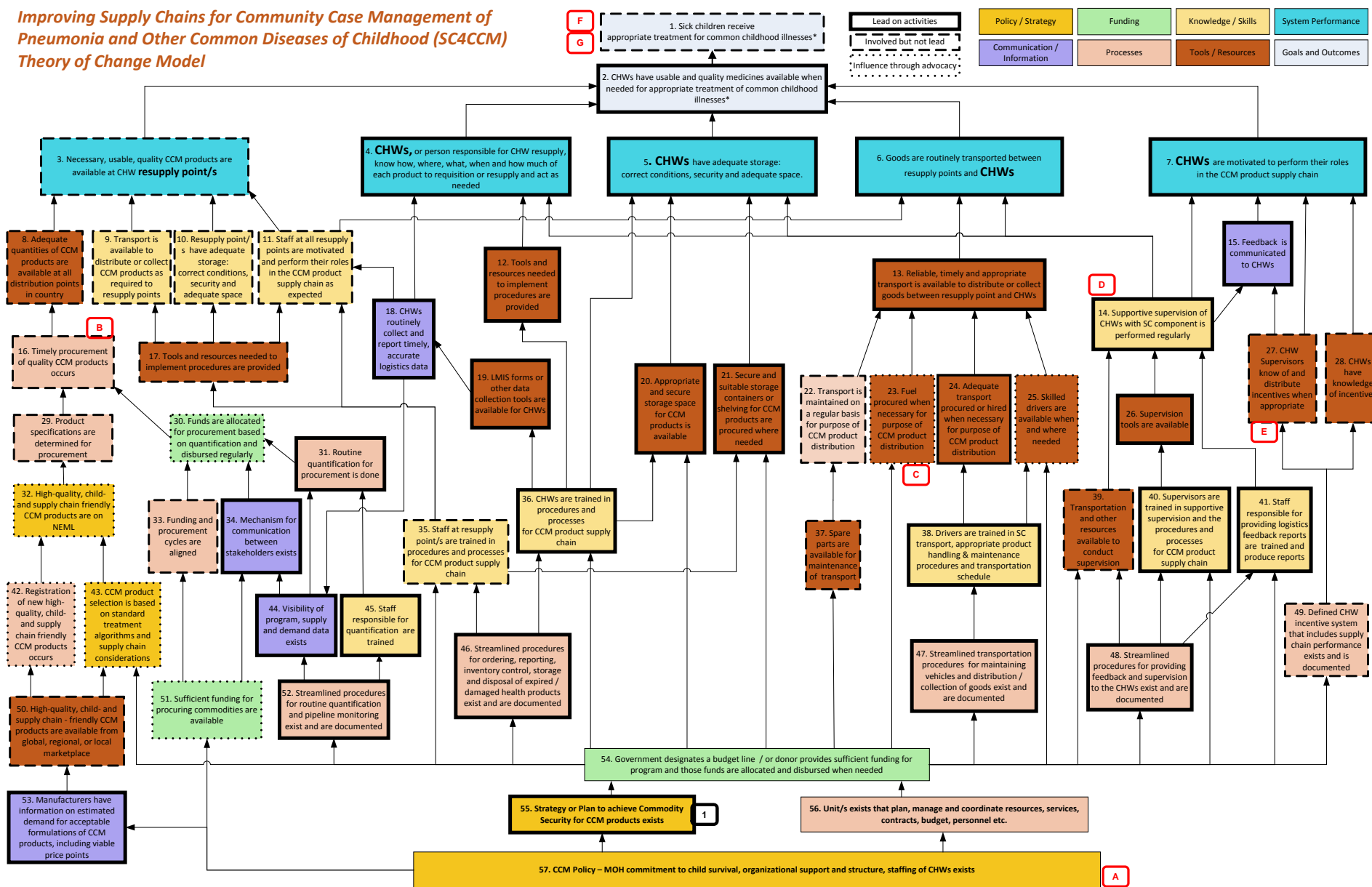
Principles – SC4CCM Theory of Change

If effective and efficient supply chain systems can be created to ensure that community health workers have consistent access to sufficient quantities of high quality, affordable essential medicines, they will be able to dramatically improve care and treatment for children.



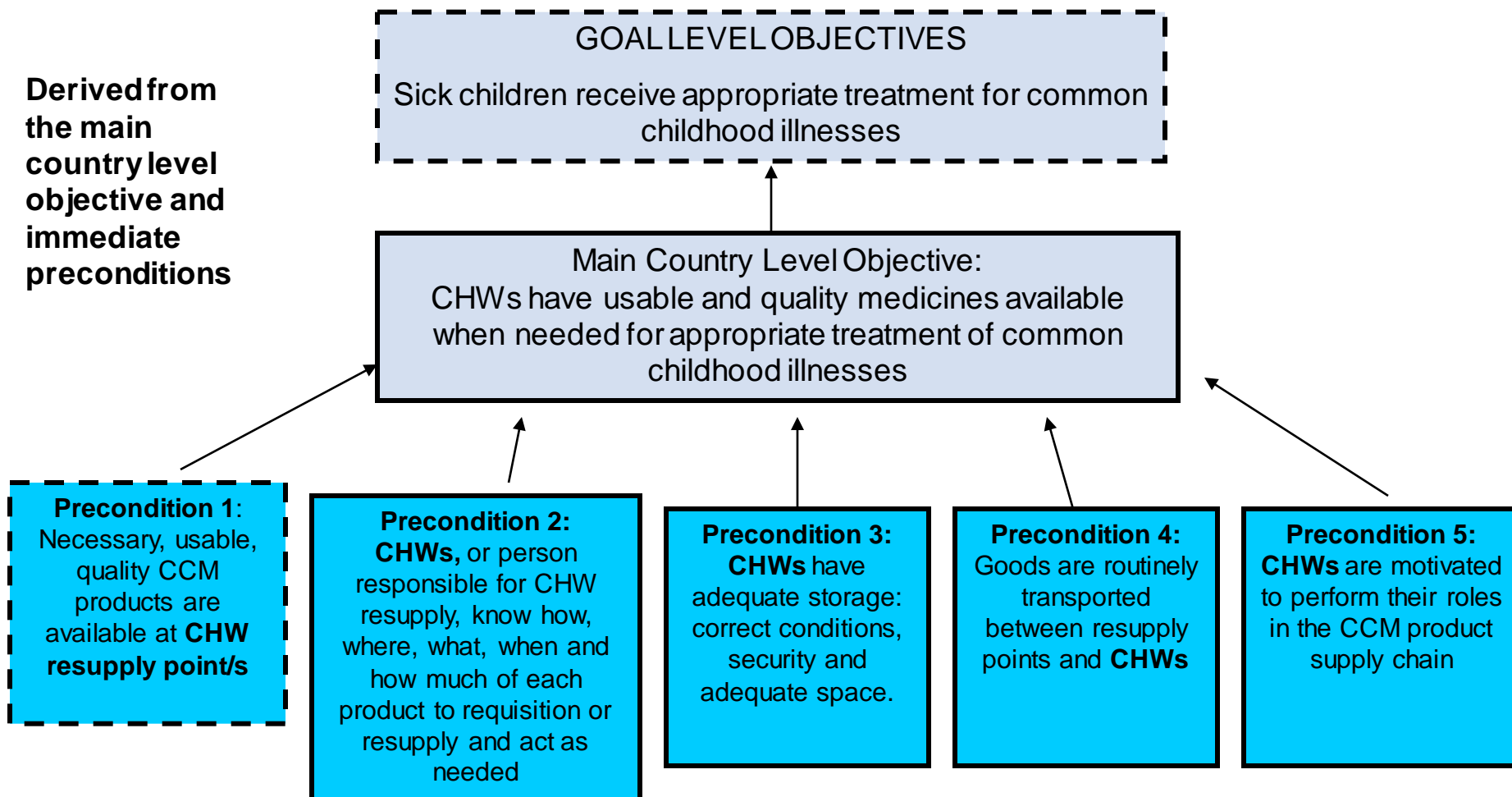
Improving Supply Chains for Community Case Management of Pneumonia and Other Common Diseases of Childhood (SC4CCM)

Theory of Change Model



SC4CCM Core Indicators

Derived from
the main
country level
objective and
immediate
preconditions



Methodology

Both qualitative and quantitative methods were applied:

- Logistics System Assessment Tool (LSAT)
- Key informant interviews
- Logistics Indicators Assessment Tool (LIAT)
 - Mobile phones
 - Build local capacity partnering with local evaluation group, JaRco.



LSAT

- Two day group assessment
- Participants:
 - 36 FMOH and RHB participants
 - from Oromia Region: RHB (1), Jimma ZHD (2), Kersa WoHO (2), Manna WoHO (2), Yabu HC (2), Scerbo (2), HP (2)
 - 9 participants from partner organizations - Ethiopian Pharmaceutical Association, USAID|DELIVER, MSH/SPS, Save-USA, Ethiopian Public Health Association, UNICEF, SCMS, JaRco

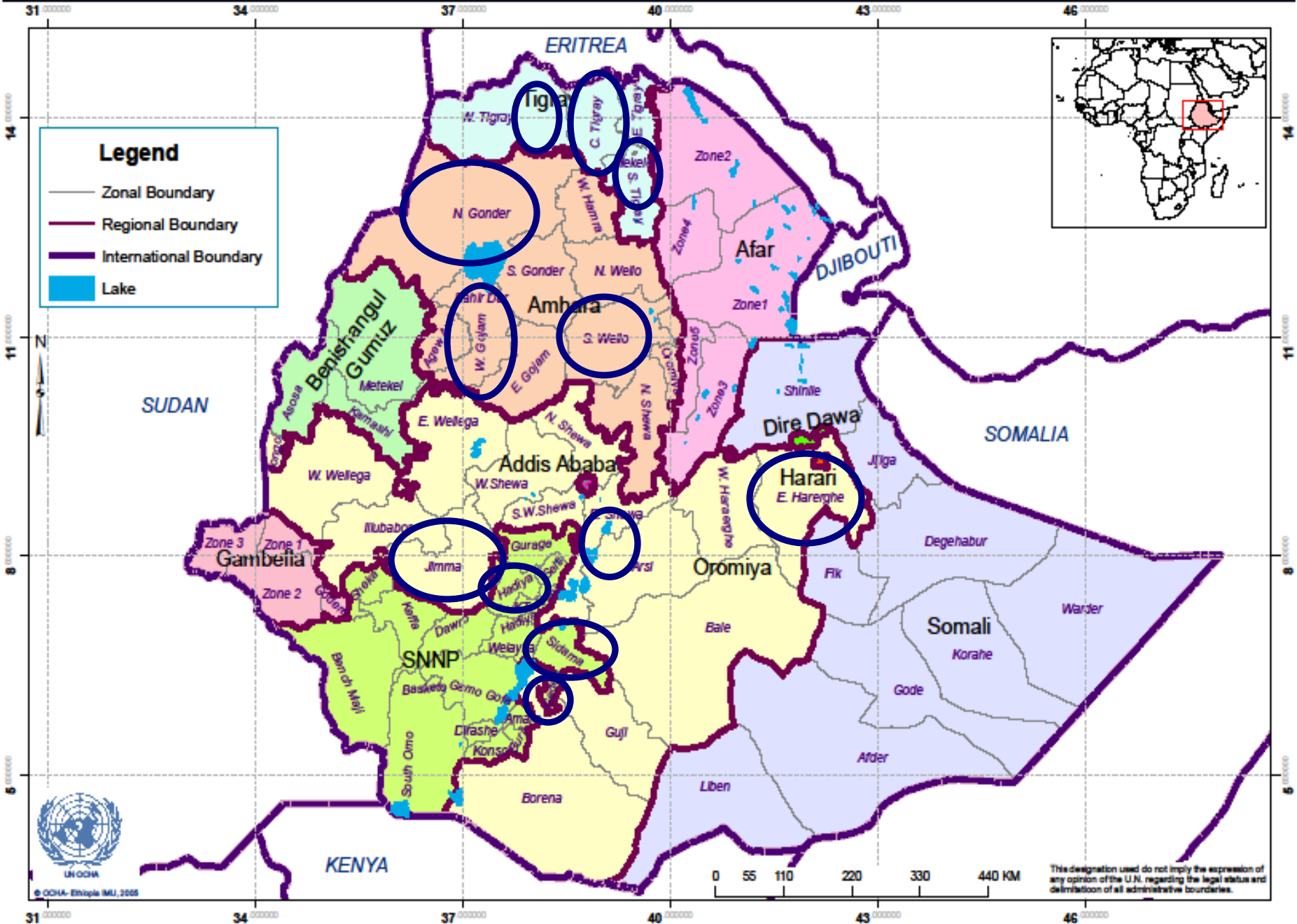


LIAT Sampling - Oromia

Levels of Administration / Facilities	Sample Size (n=)
Regional Health Bureau (RHB) / Warehouse	3
Zonal Health Dept (ZHD)	3
Woreda Health Office (WHO)	7
Health Center (HC)	18
Health Post (HP) (1 x HEW per HP)	80
Total	111



Administrative Regions of Ethiopia



Limitations

- Lack of national/regional database with facilities names
- Data collected during rainy season – some sampled health posts, health centers inaccessible
- Some upgraded health centers not yet functional
- Predictable challenges associated with multi-lingual survey
 - Three languages (Amharic, Oromiffa, Tigrinya)



Baseline Results by Core Indicators

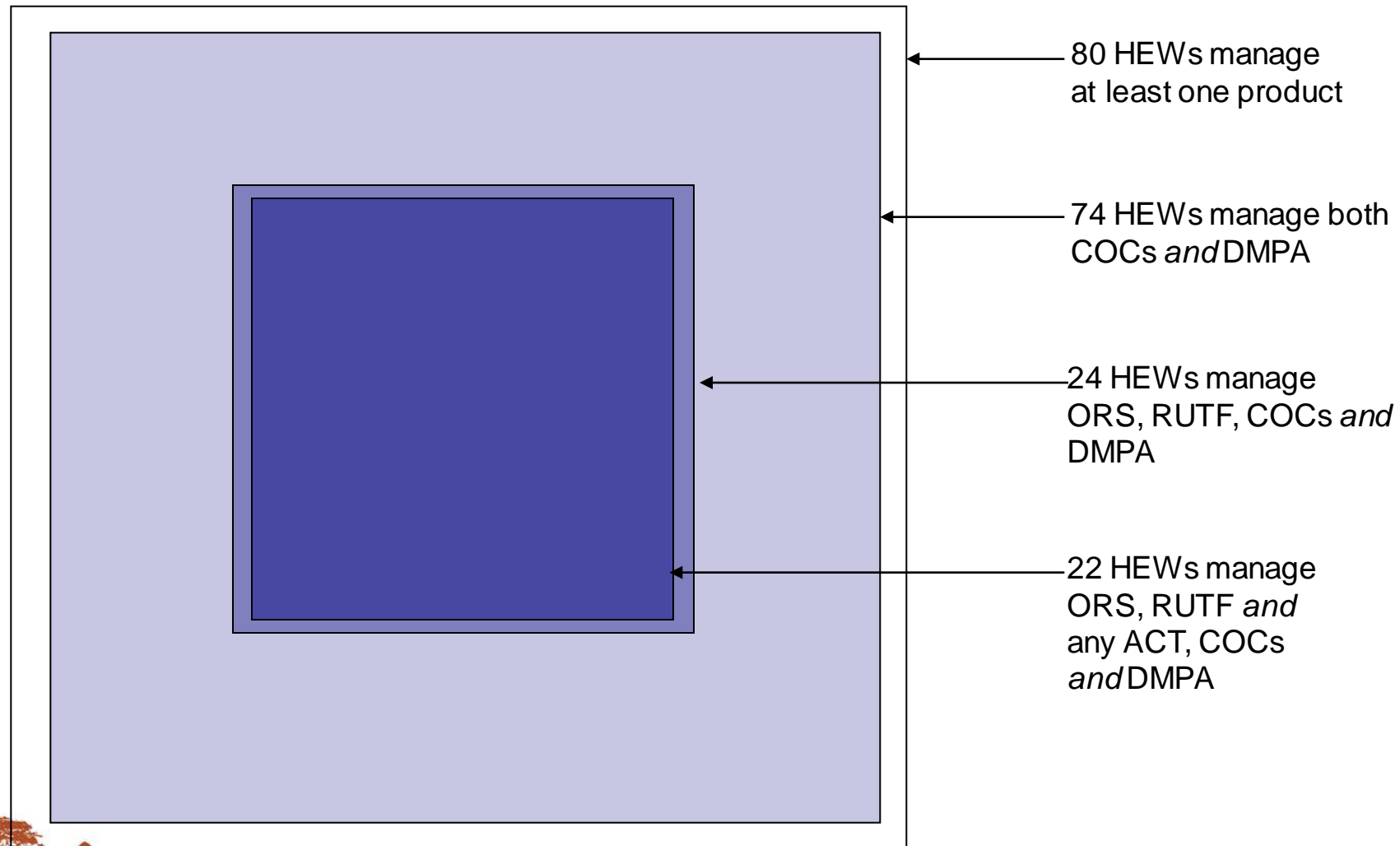


Tracer Products

1. cotrimoxazole 120mg tablets
2. cotrimoxazole 240mg/5ml suspension (bottles)
3. amoxicillin 250mg capsules
4. amoxicillin 125mg/5ml suspension (bottles)
5. Coartem (lumefantrine / artemether) 1 x 6 tablets
6. Coartem (lumefantrine / artemether) 2 x 6 tablets
7. chloroquine 50mg/5ml syrup (bottles)
8. malaria RDTs
9. zinc 20 mg tablets
10. ORS sachets or Oral Rehydration Salts
11. Plumpynut (RUTF) sachets
12. male condoms
13. Depo Provera or Petogen (DMPA) vials
14. Combined oral contraceptives (COC or pills)



Describing the HEW Sample - Oromia



Main Country Level Objective:

HEWs have usable and quality medicines available when needed for appropriate treatment of common childhood illnesses

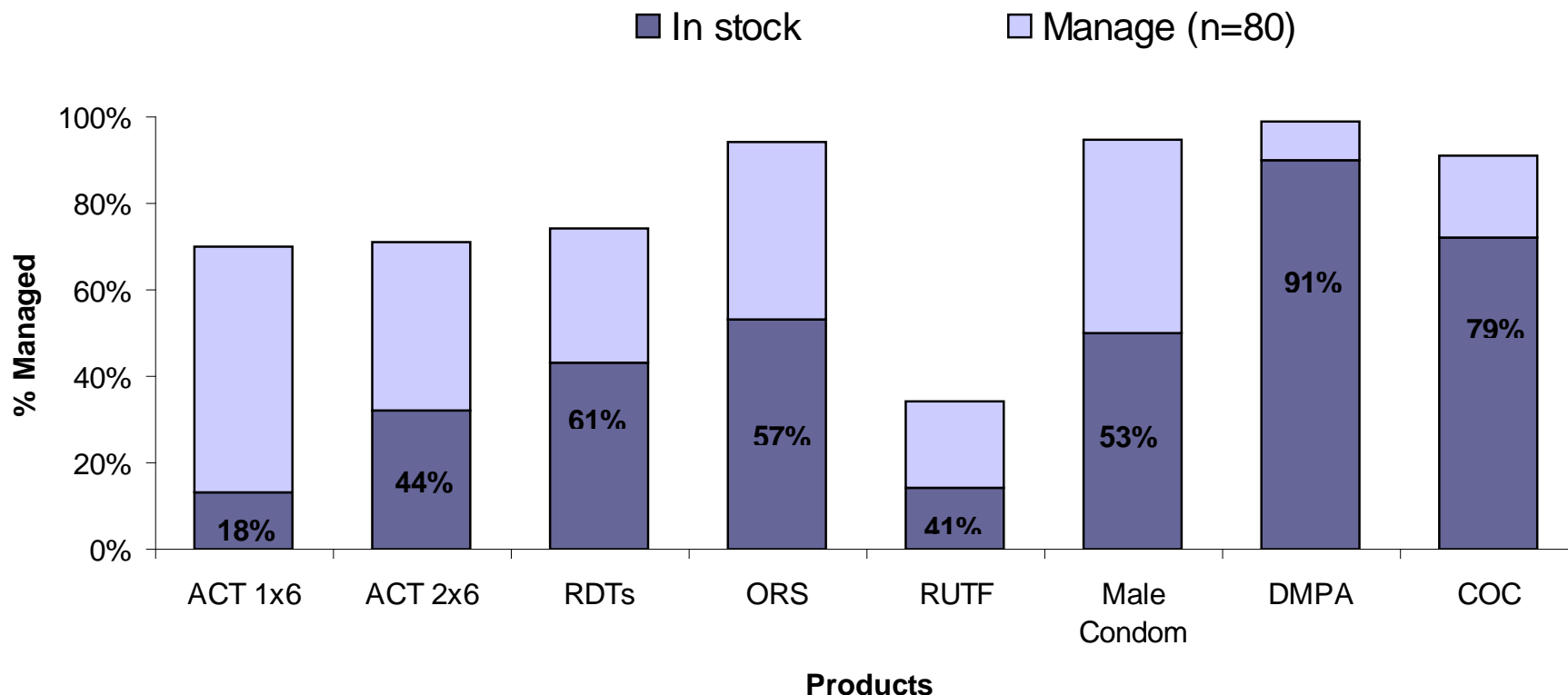


2 of 22 (**9%**) HPs with ORS, RUTF, COCs, DMPA and any ACT have them **all in stock**

7 of 24 (**29%**) HPs who manage ORS, RUTF, COCs *and* DMPA have **all in stock**

54 of 72(**75%**) HPs manage both COCs *and* DMPA and have **all in stock**

In Stock on DOV at HP by Product - Oromia



Reported Reasons for Stockout

- Oromia

- **do not receive all the health products ordered - 50%**
- **resupply point does not give me enough health products - 52%**
- **resupply did not have any - 23%**



PRECONDITION 1:

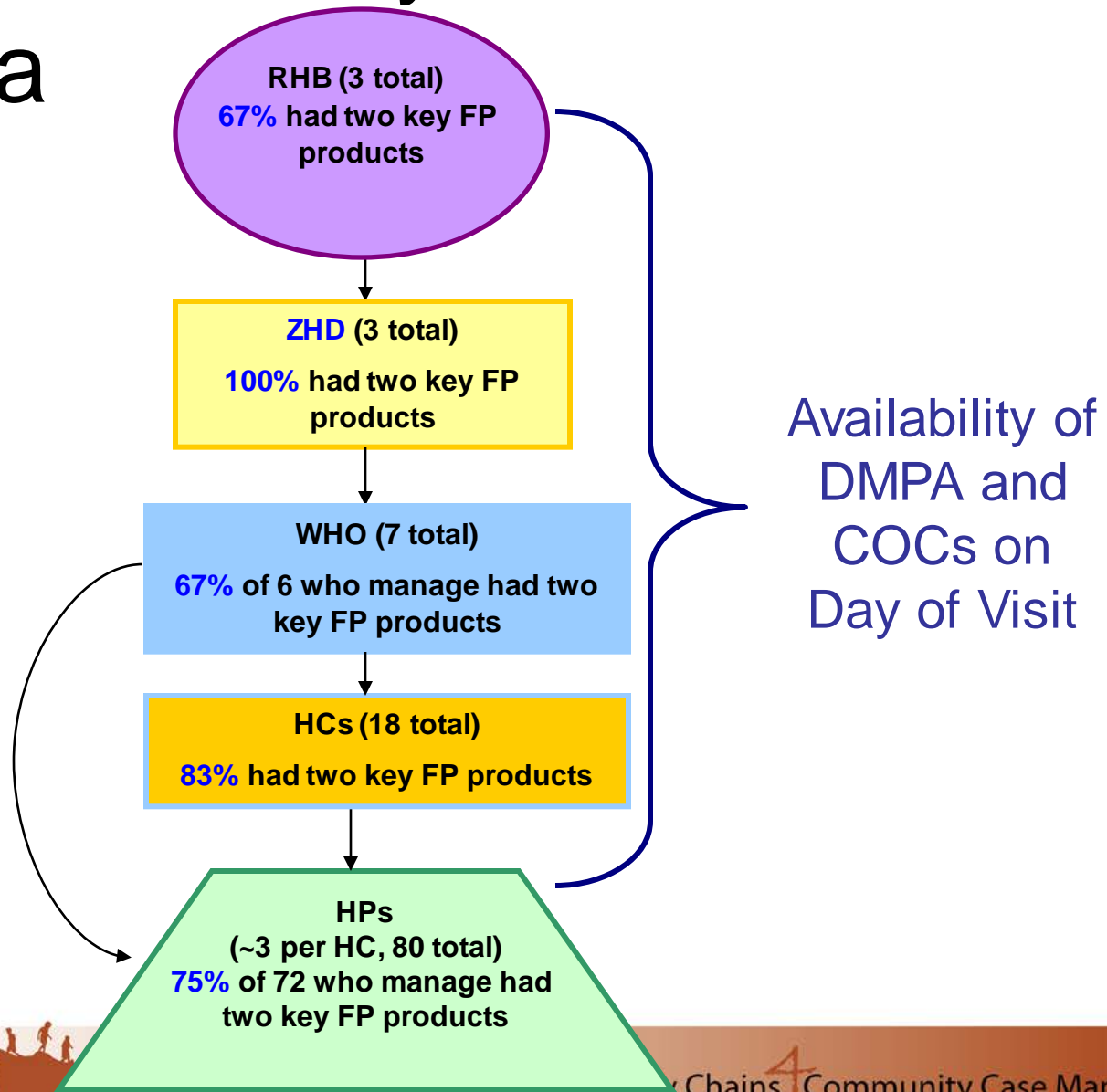
Necessary, usable, quality CCM products are available at HEW resupply point/s

Product availability at the resupply point appears to be strongly linked to product availability at the Health Post Level for:

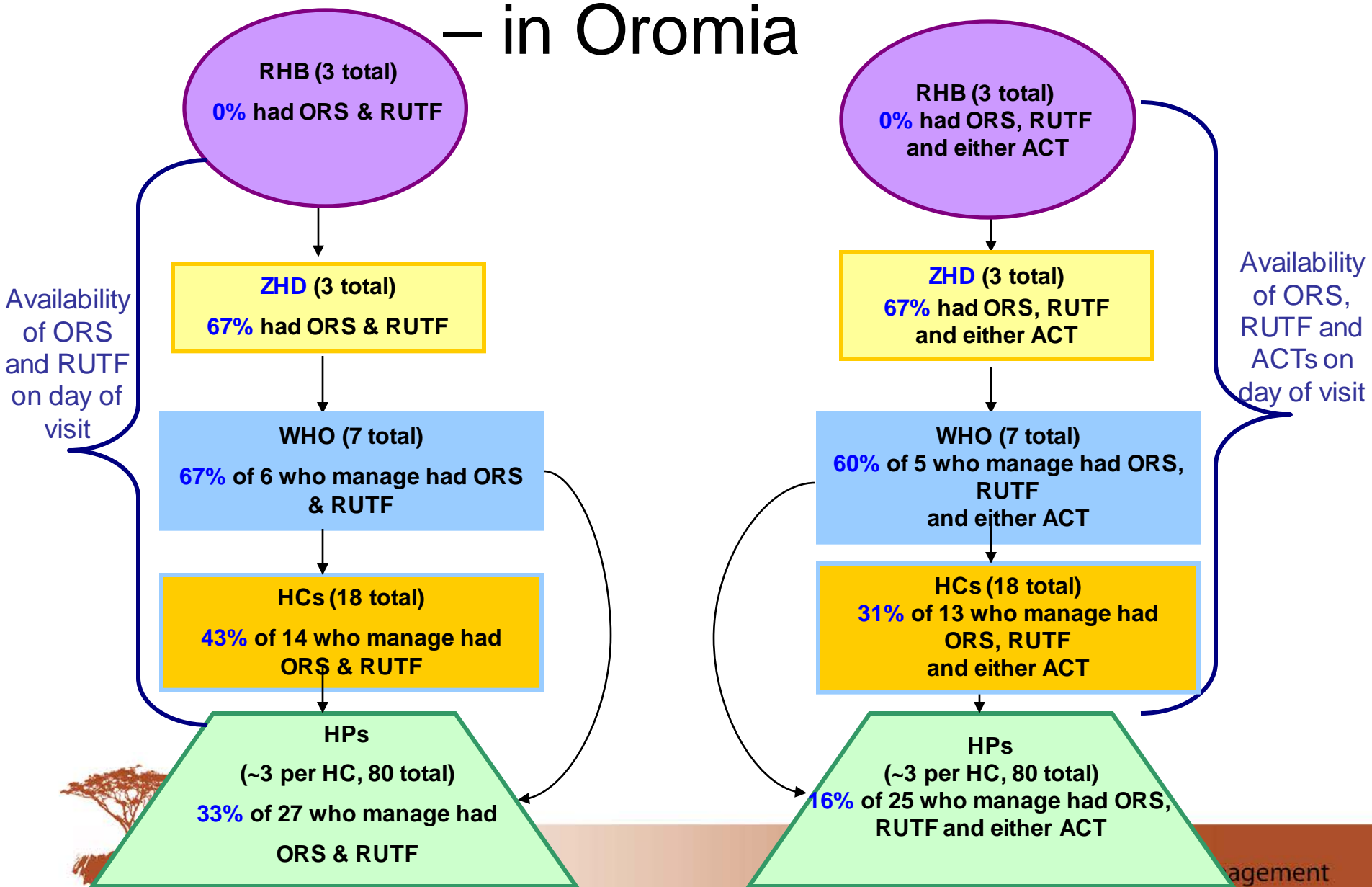
- COC (pills)
- ACT 2x6



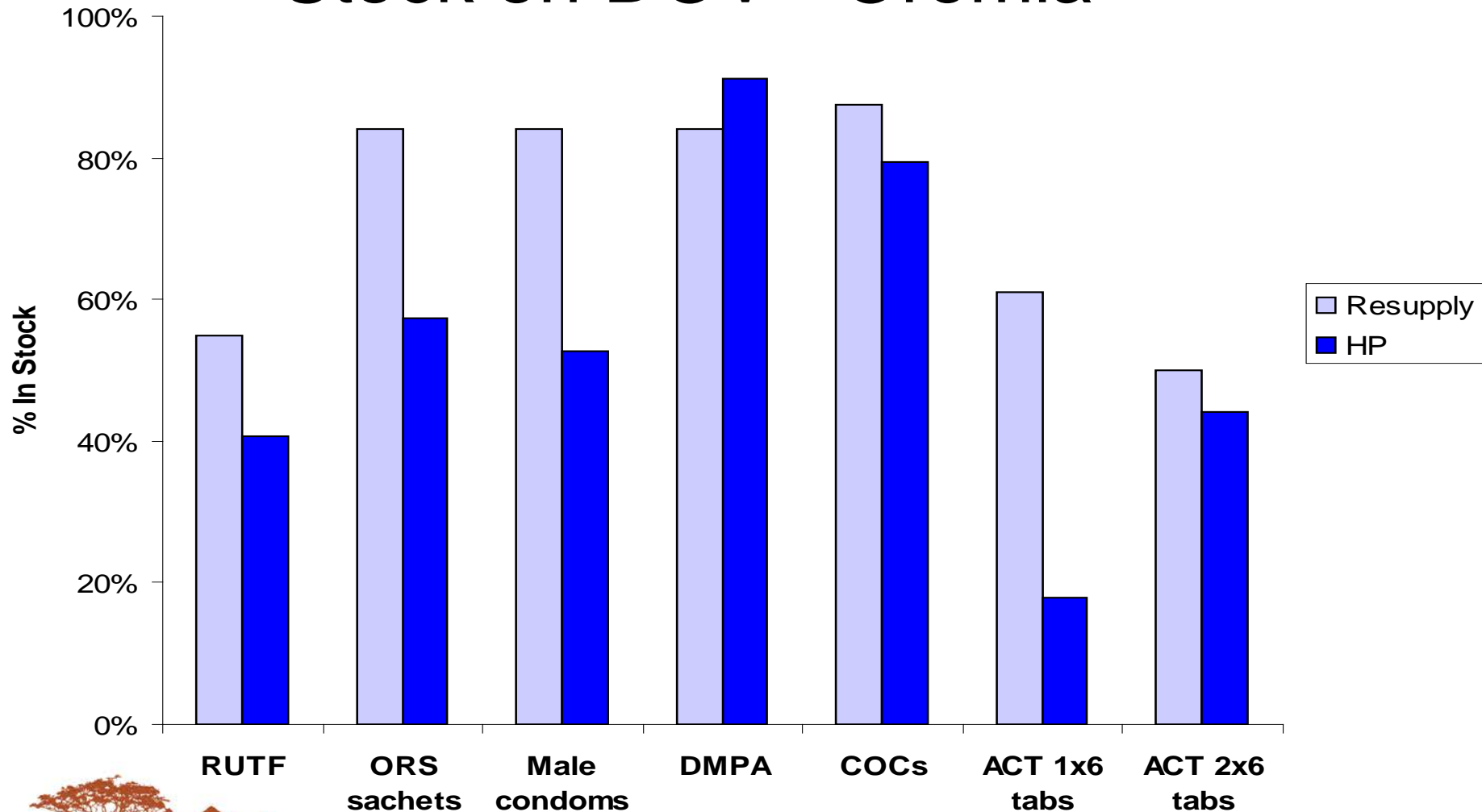
Product Availability at all Levels in Oromia



Product Availability at all Levels – in Oromia

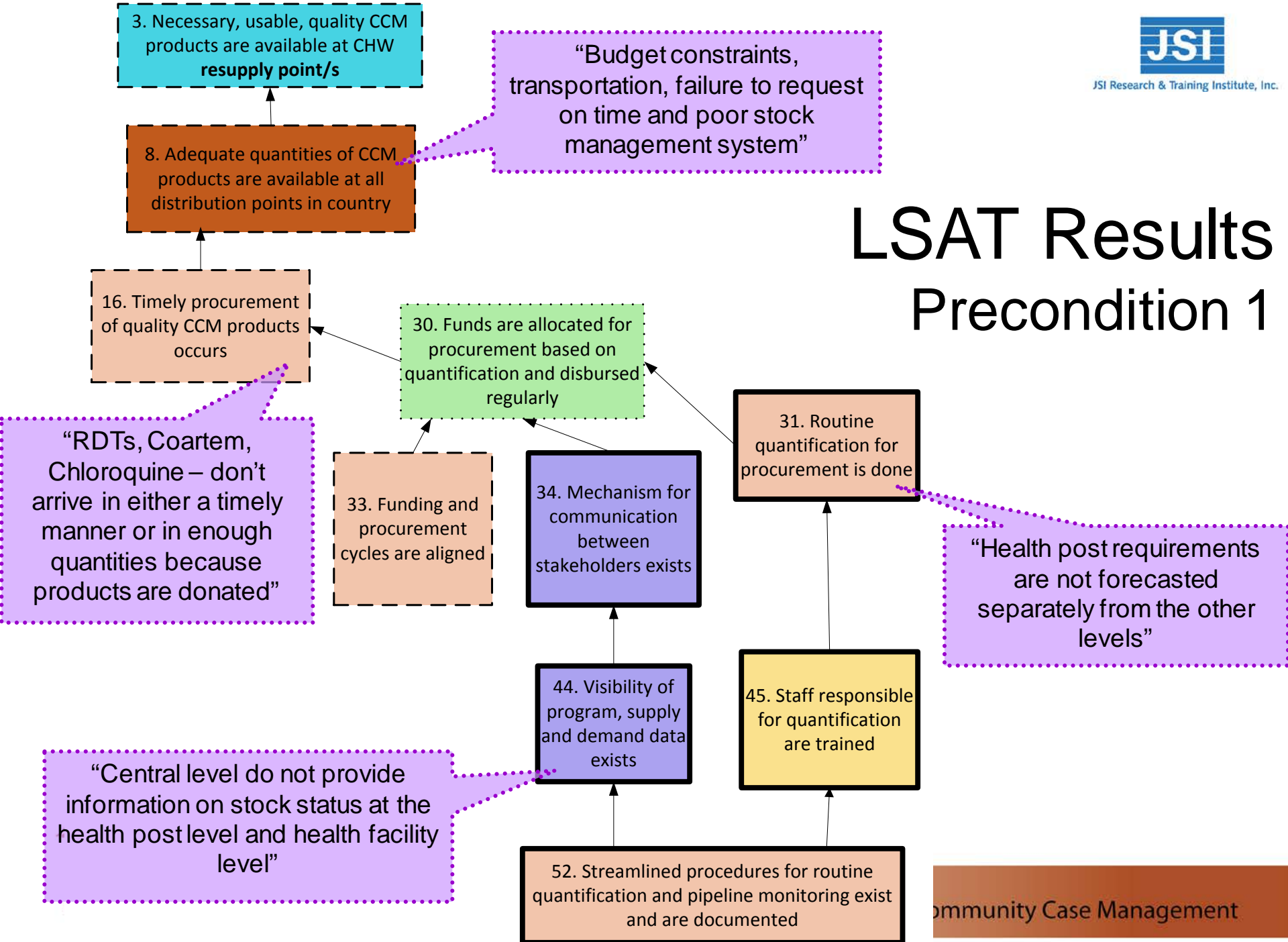


% of Resupply Points and HPs in Stock on DOV - Oromia



LSAT Results

Precondition 1



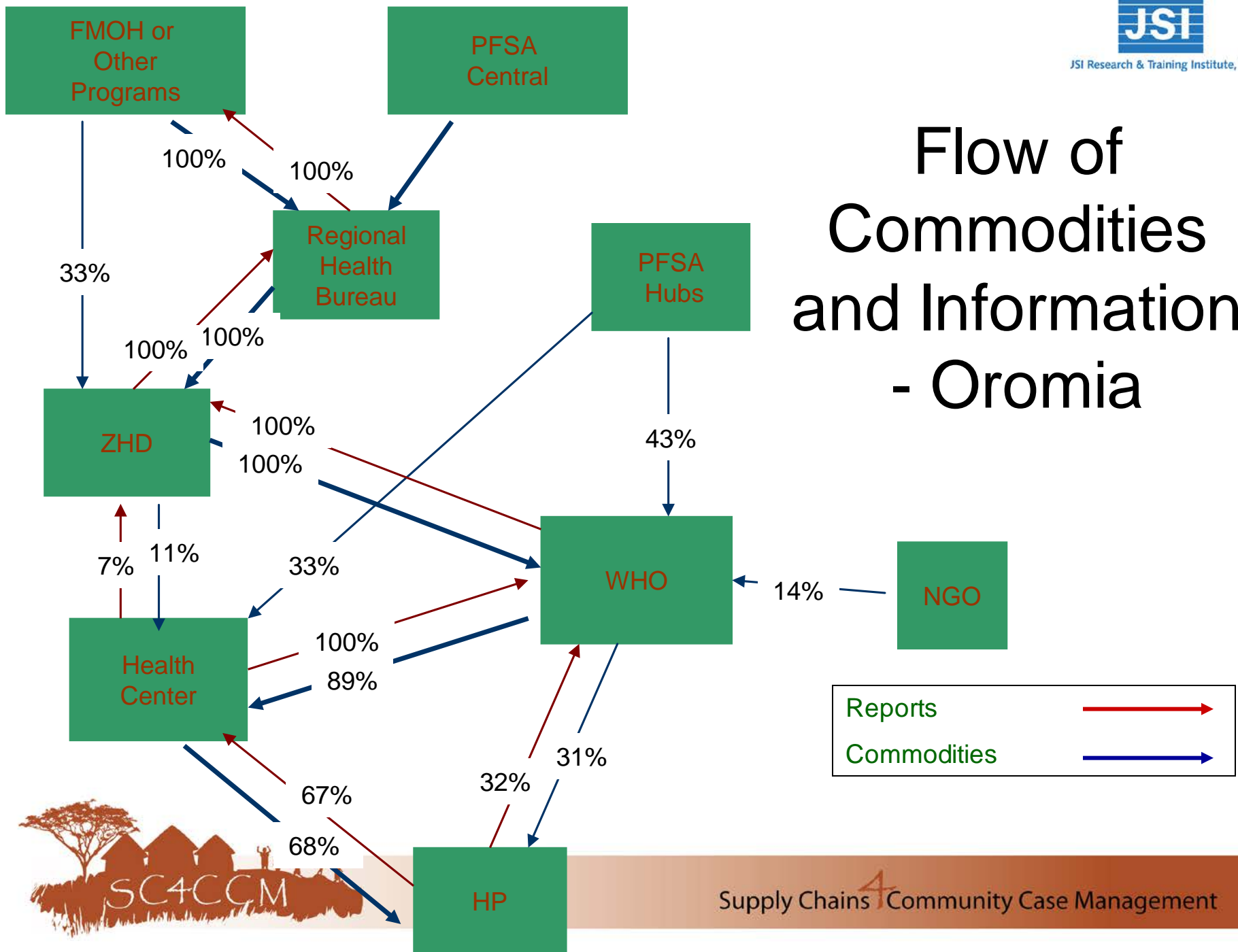
PRECONDITION 2:

HEWs, or person responsible for HEW resupply, know how, where, what, when and how much of each product to requisition or resupply and act as needed

- Several distribution and information systems operate concurrently
- Supply chain capacity and skills are generally low, very little formal training reported
- Necessary tools to manage the logistics system are insufficient



Flow of Commodities and Information - Oromia



SCM Formal Training - Oromia

% who reported receiving formal training on how to manage health products

- 0% of RHB respondents
- 0% of ZHD respondents
- 43% of WHO respondents
- 17% of HC respondents
- 5% of HEW respondents

How 42 HEWs learned to complete forms:

53% reported on the job training

41% reported they figured it out themselves



Standard Operating Procedures - Oromia

Supply Chain Standard Guidelines or
Procedures were observed at:

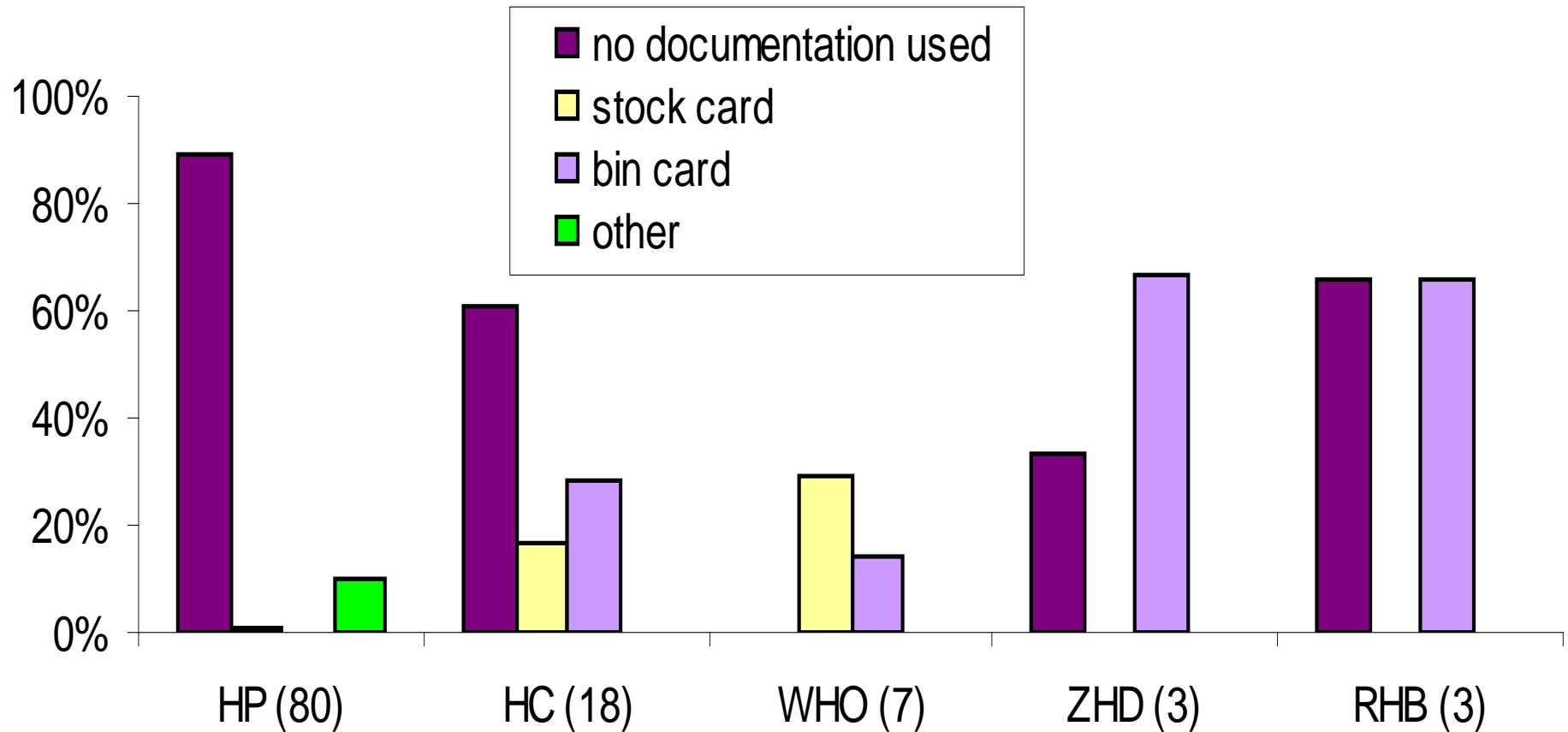
- only 1 of the 3 store managers
- 0% of ZHOs
- 14% of WHOs
- 0% of HCs
- 1% of HPs

Key Message:

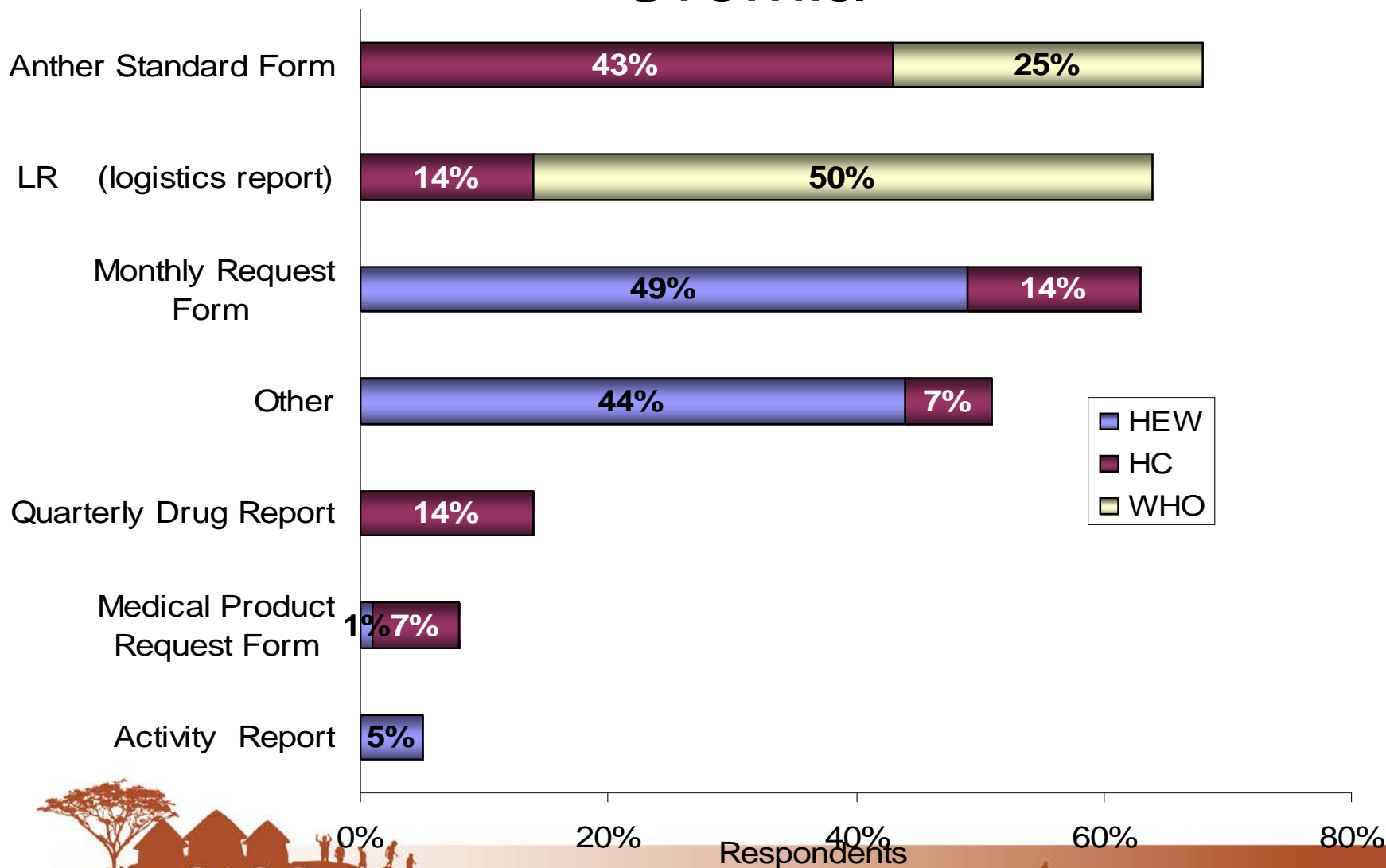
**Very few facilities in
the system have SOPs
to reference**



Stock Keeping Documentation: Oromia



Types of Reports Submitted – Oromia



Resupply Procedures for HEWs - JSI Oromia

46% of HEWs report being resupplied every month,

while 39% of HEWs seek resupplies only when they need them

53% of HEWs report using a request form,

but 95% of those use Model 20



LSAT Results

Precondition 2

4. CHWs, or person responsible for CHW resupply, know how, where, what, when and how much of each product to requisition or resupply and act as needed

“HEWs do not collect dispensed-to-user data”

18. CHWs routinely collect and report timely, accurate logistics data

12. Tools and resources needed to implement procedures are provided

19. LMIS forms or other data collection tools are available for CHWs

“No financing for logistics training for HEWs”

36. CHWs are trained in procedures and processes for CCM product supply chain

“Lack of standardization throughout the country “

46. Streamlined procedures for ordering, reporting, inventory control, storage and disposal of expired / damaged health products exist and are documented

PRECONDITION 3:

HEWs have adequate storage: correct conditions, security and adequate space.

Standards for appropriate storage conditions
are not fulfilled at all levels but are worse at
HP level



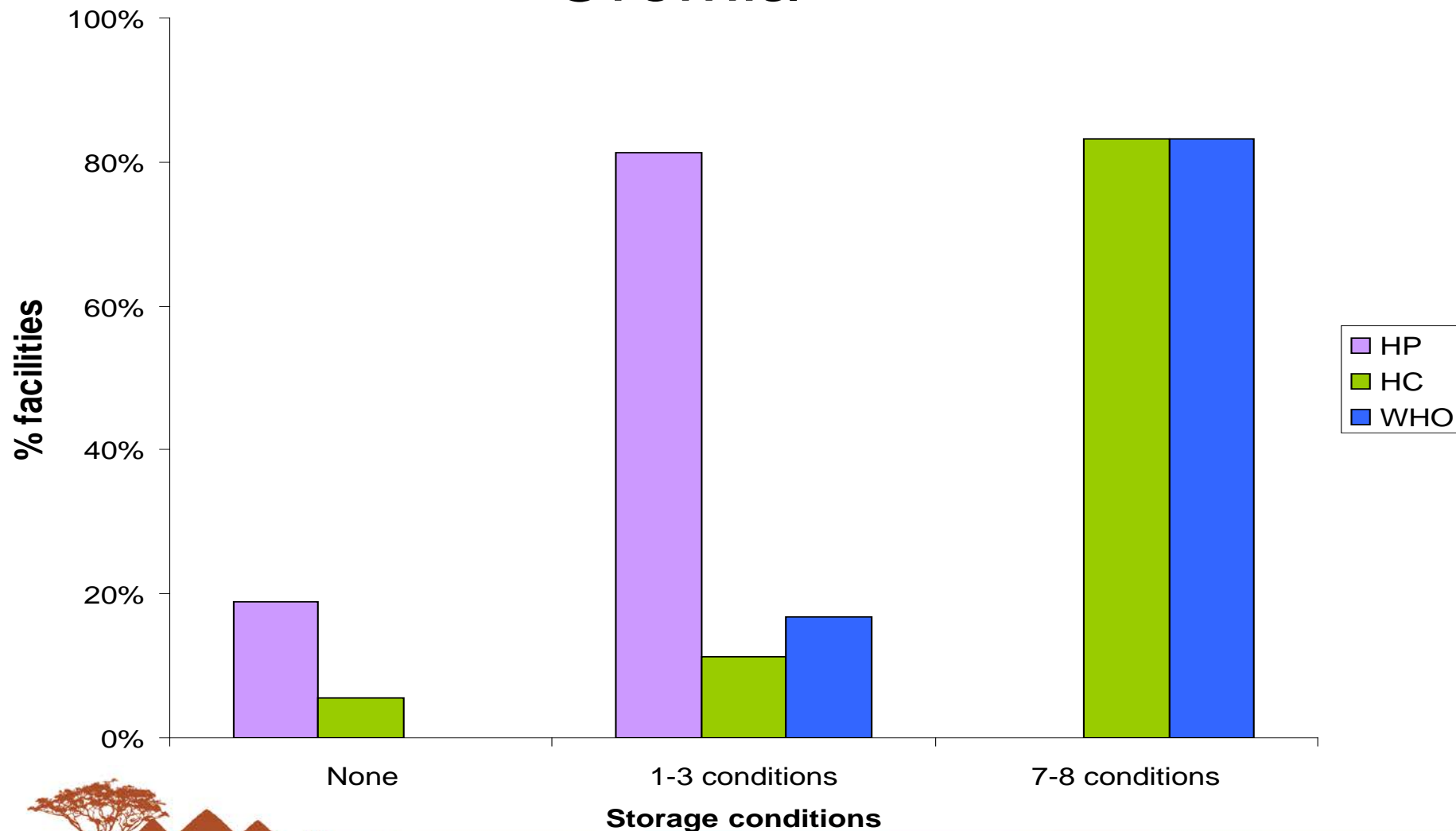
Satisfactory Storage Conditions

Health products are stored:

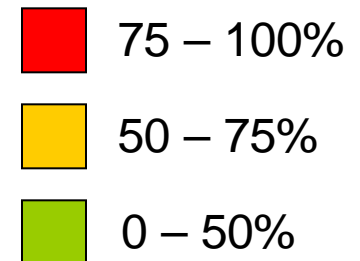
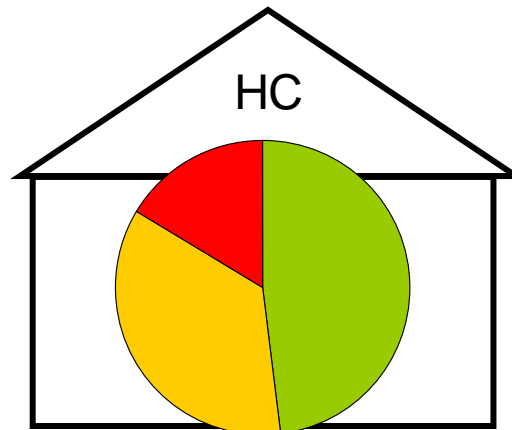
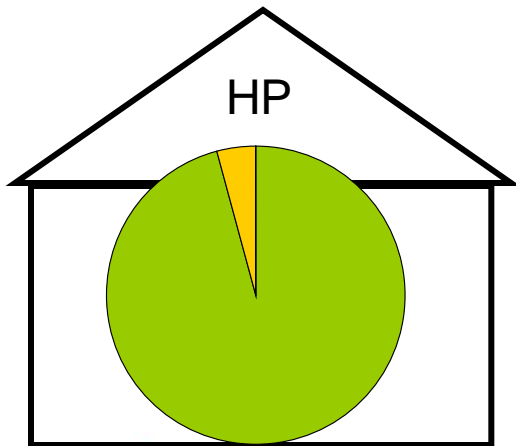
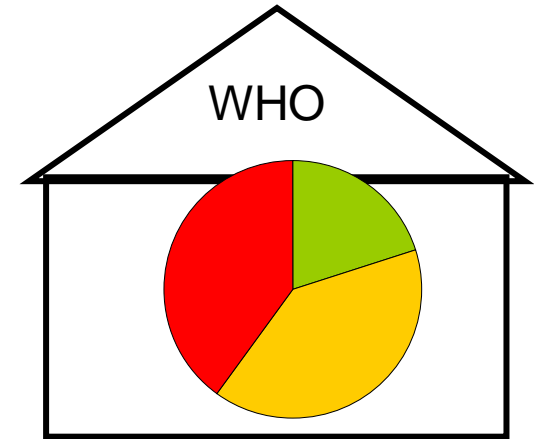
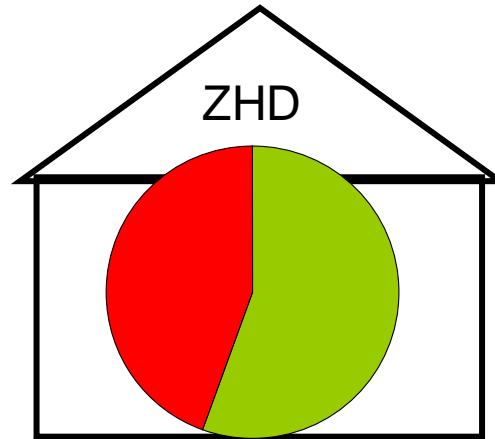
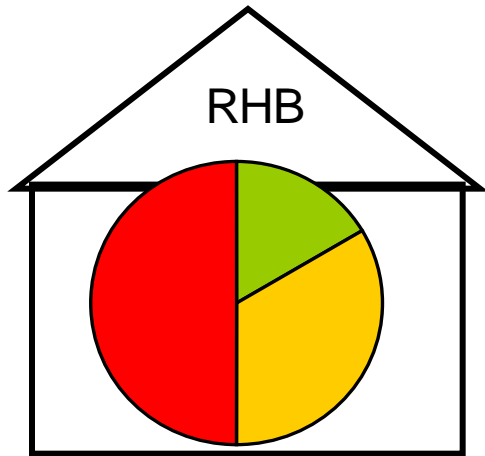
- separately to damaged and/or expired health products
- in an area free of rodents or insects
- securely with a lock and key, and with limited access
- in an area that is protected from direct sunlight
- at the appropriate temperature
- on shelves or stacked off the floor in stacks and away from walls
- in a clean, dry, well-lit and well-ventilated storeroom
- in an area that is accessible during all normal working hours.
- so that first-to-expire, first-out (FEFO) is observed
- separately to insecticides and chemicals



Adequate Storage Conditions - Oromia



Fullness of Storage – National



LSAT Results

Precondition 3

5. **CHWs** have adequate storage:
correct conditions, security and adequate space.

HPs have
adequate storage

20. Appropriate
and secure
storage space
for CCM
products is
available

21. Secure and
suitable storage
containers or
shelving for CCM
products are
procured where
needed

Insufficient
shelving at HPs



PRECONDITION 4:

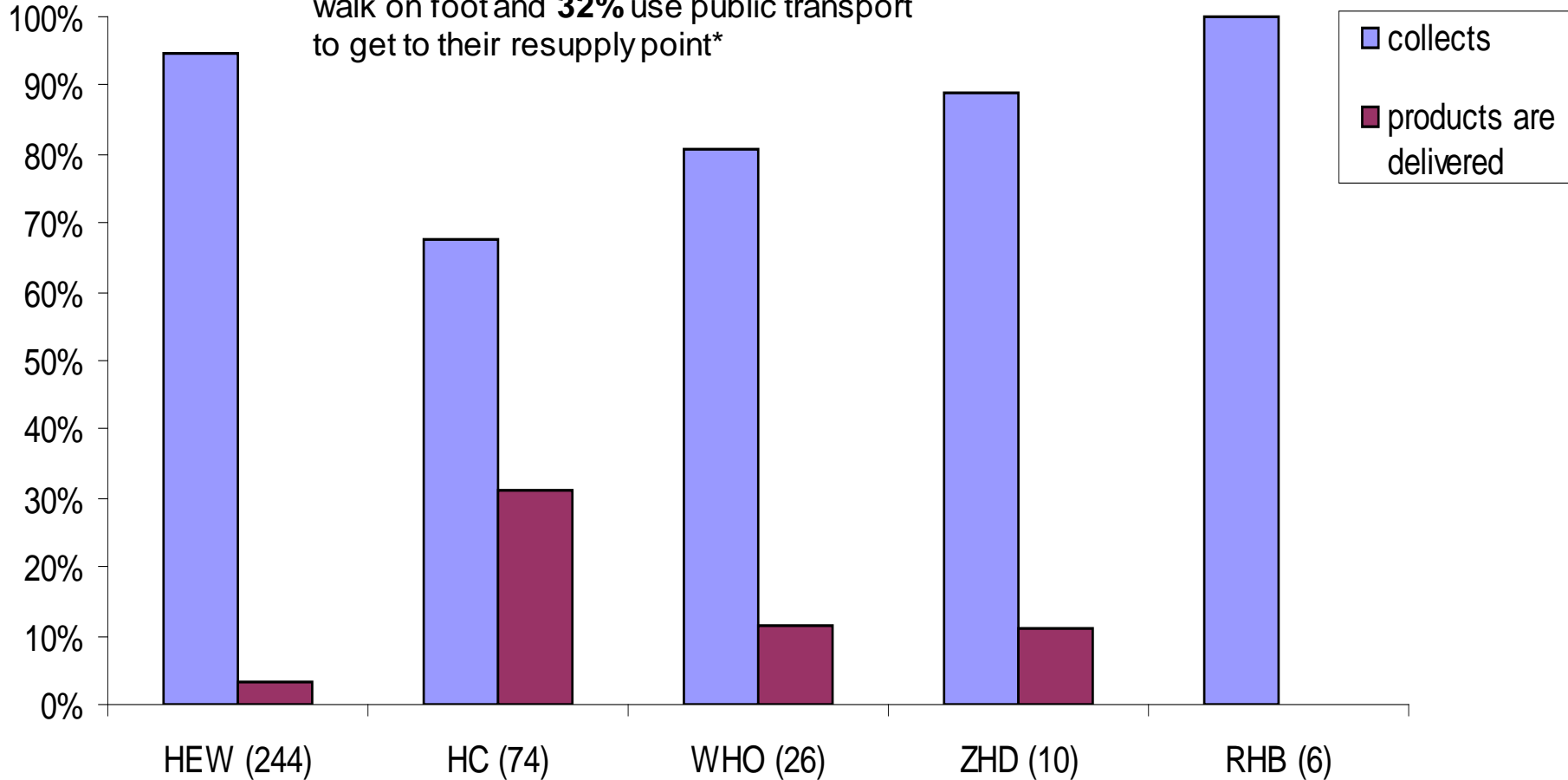
Goods are routinely transported between resupply points and **HEWs**

- Health posts are generally located in remote areas that are difficult to reach particularly during rainy season
- **87%** of 23 HEWs in Oromia with problems related to collecting or receiving health products reported **lack of transport** as the major constraint

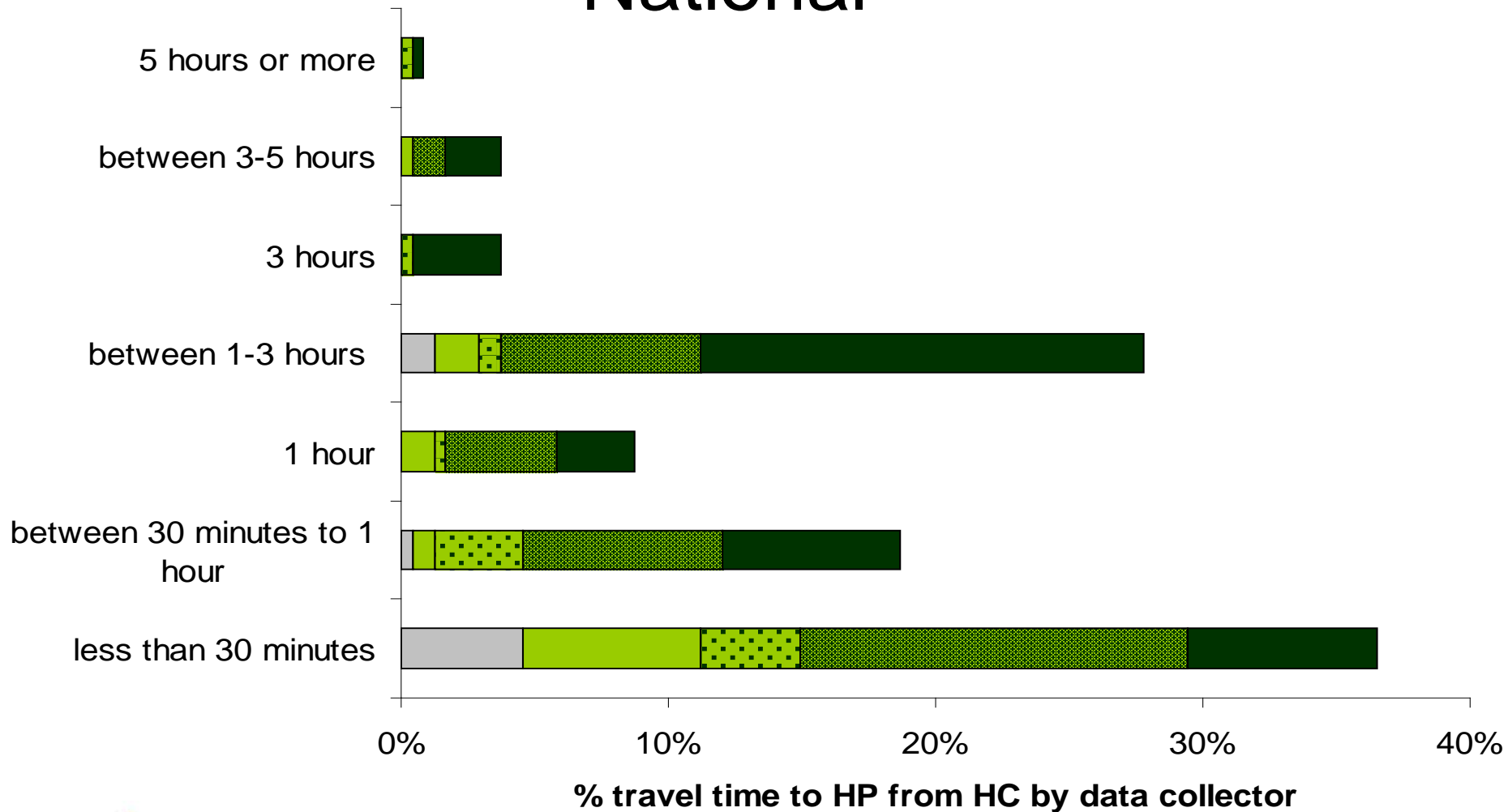


Delivery & Collection of Products - National

Of 229 HEWs who collect products, **71%** walk on foot and **32%** use public transport to get to their resupply point*

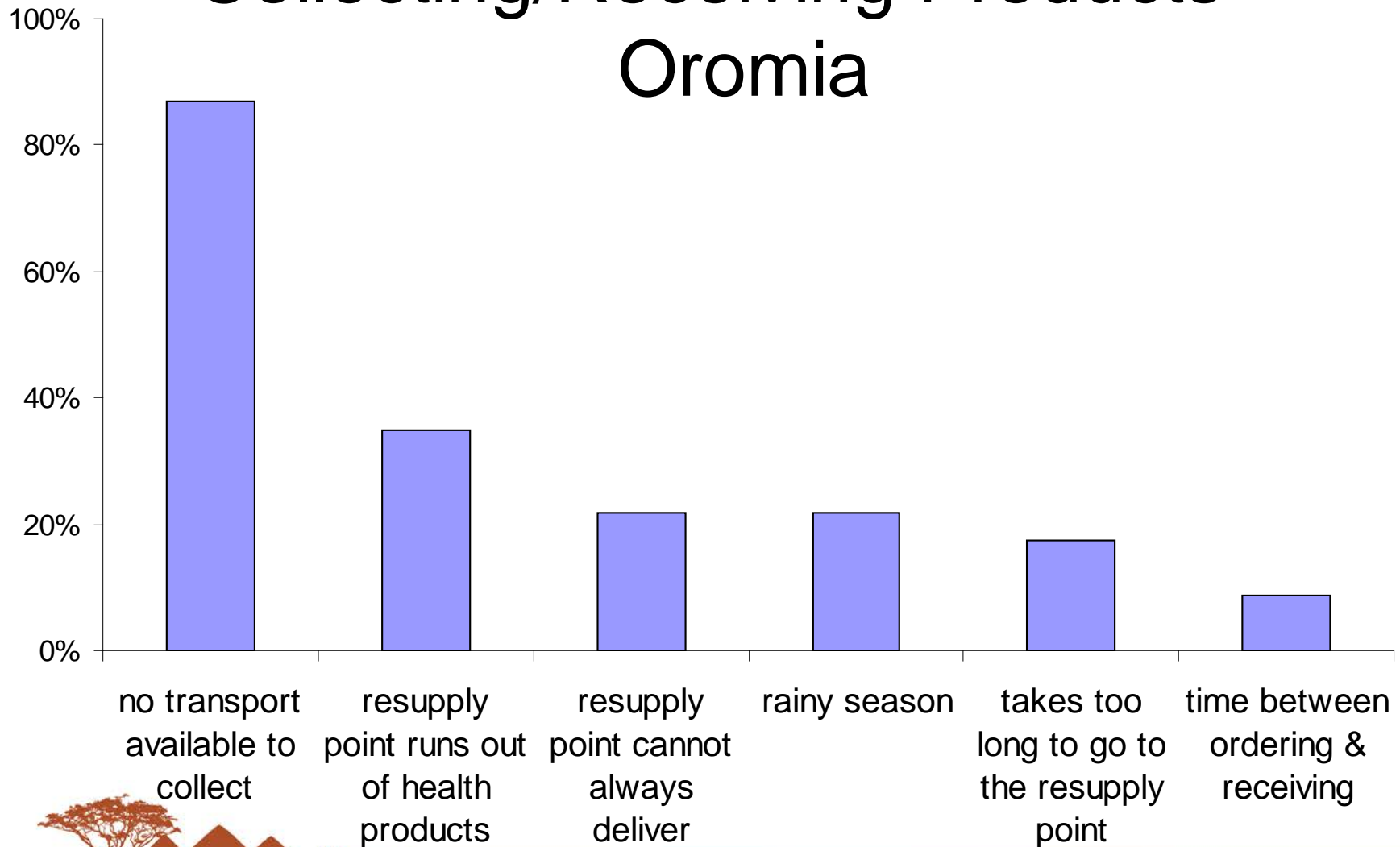


Travel Time and Road Condition - National



- All tarmac
- About half tarmac, rest in good condition
- About half tarmac, rest in bad condition
- All dirt in good condition
- All dirt in bad condition

HEW Reported Problems Collecting/Receiving Products - Oromia



LSAT Results

Precondition 4

6. Goods are routinely transported between resupply points and **CHWs**

13. Reliable, timely and appropriate transport is available to distribute or collect goods between resupply point and CHWs

HEW both collect and receive deliveries, but mostly collect.
Sometimes HEW Supervisors distribute to HEWs when they visit.

24. Adequate transport procured or hired when necessary for purpose of CCM product distribution

Not enough funding for fuel, vehicles, spare parts, etc

47. Streamlined transportation procedures for maintaining vehicles and distribution /collection of goods exist and are documented

ty Case Management



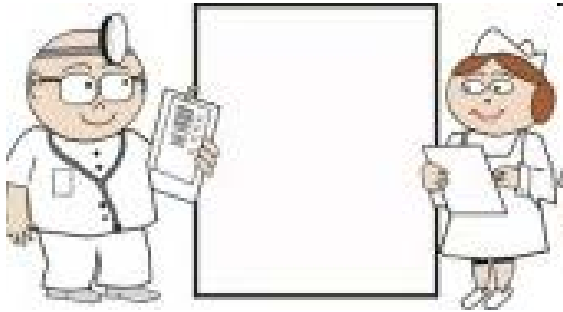
PRECONDITION 5:

HEWs are motivated to perform their roles in the CCM product supply chain

- High rates and frequency of supervision
 - Supervision not identified as a source of motivation
- **60%** of HEWs report high levels of job satisfaction



Supervision - Oromia



100% supervisors reported providing supervision to HEWs every 3 months

Last 3 months

Where did Supervision take place?



96% HEWs reported receiving a supervisory visit in last 3 months

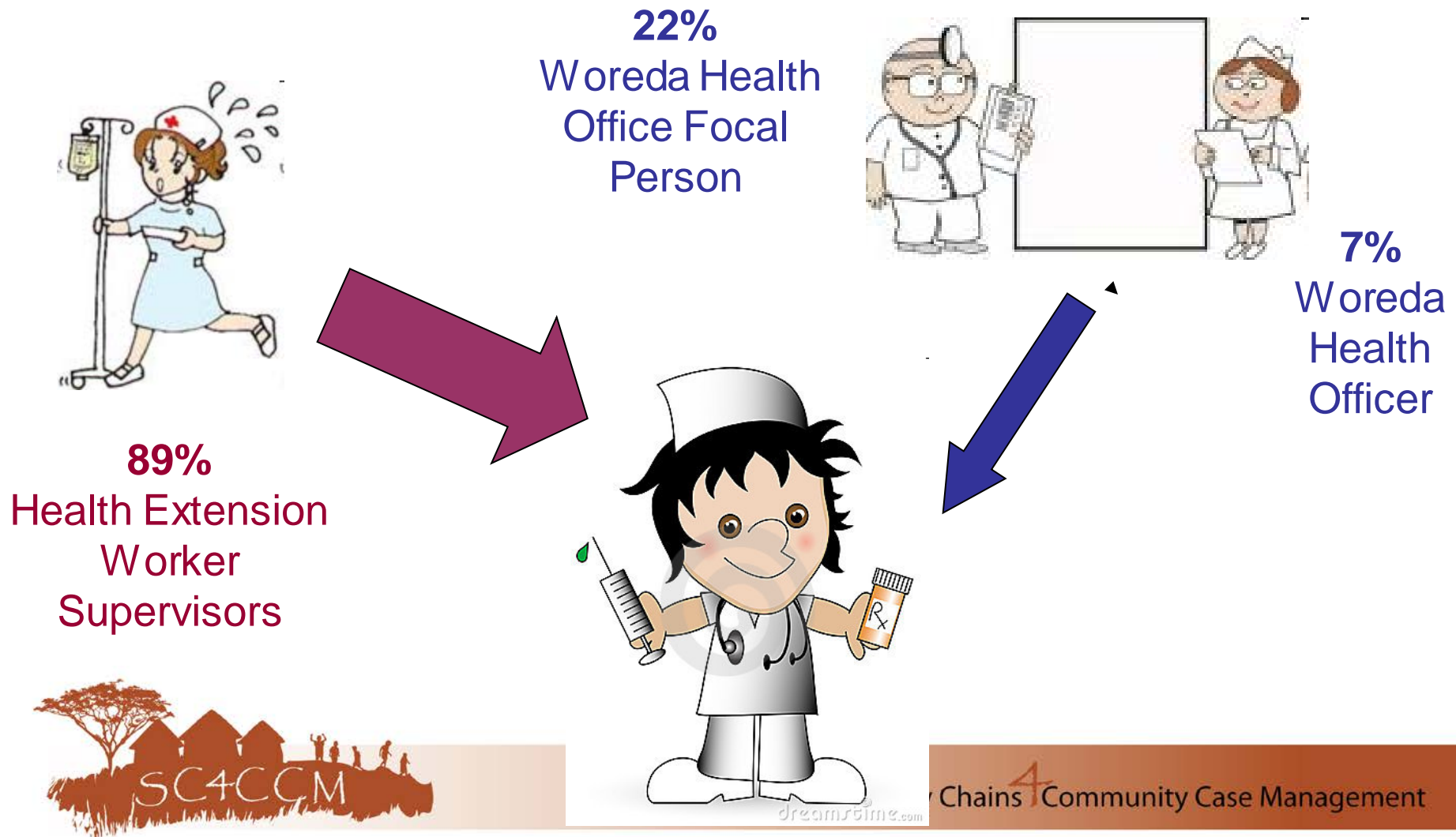
100% at the health post

87% at the village or community



Community Case Management

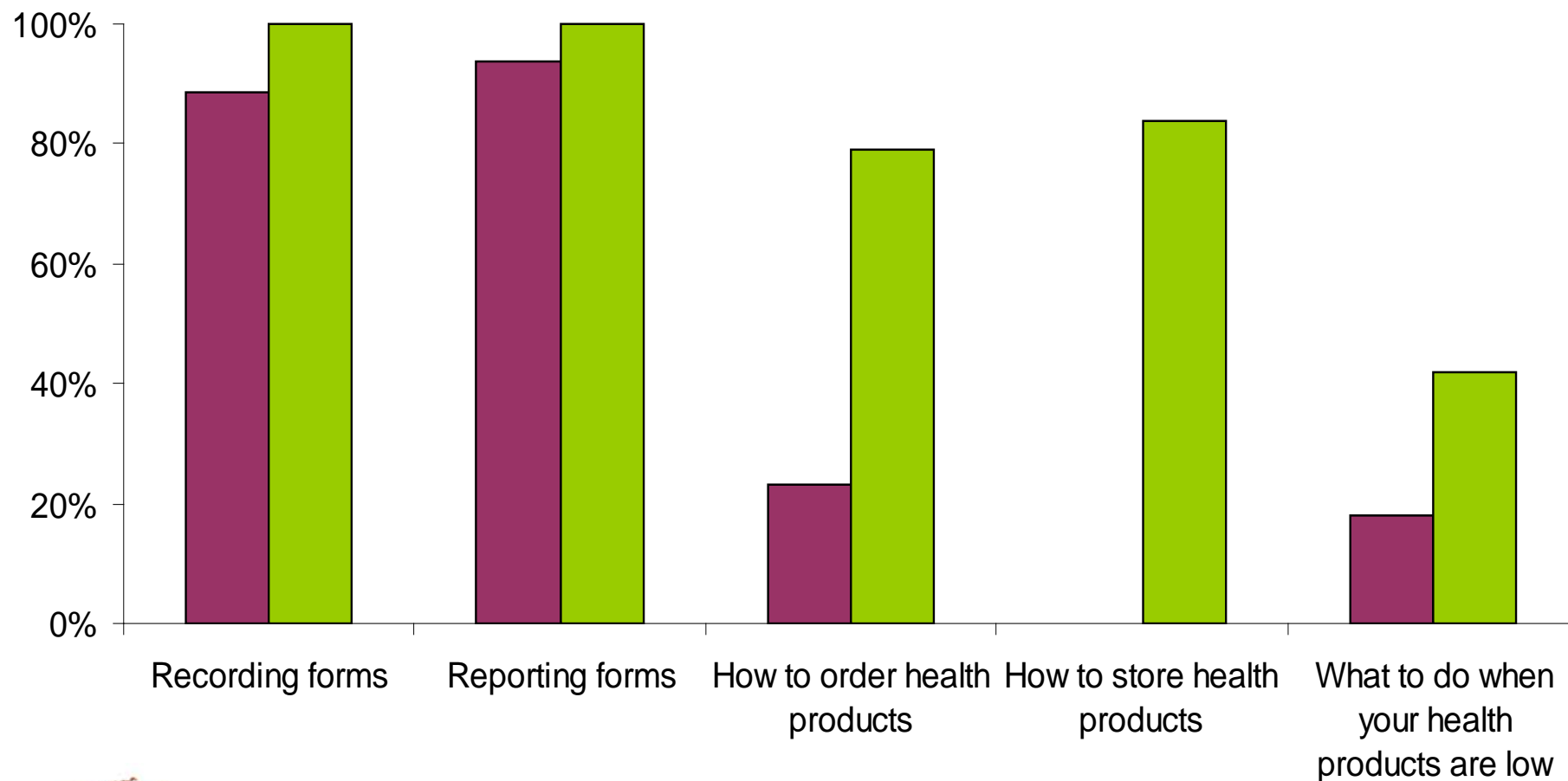
Who do HEWs Receive Supervision From? - National



Reported Areas of Supervision Oromia



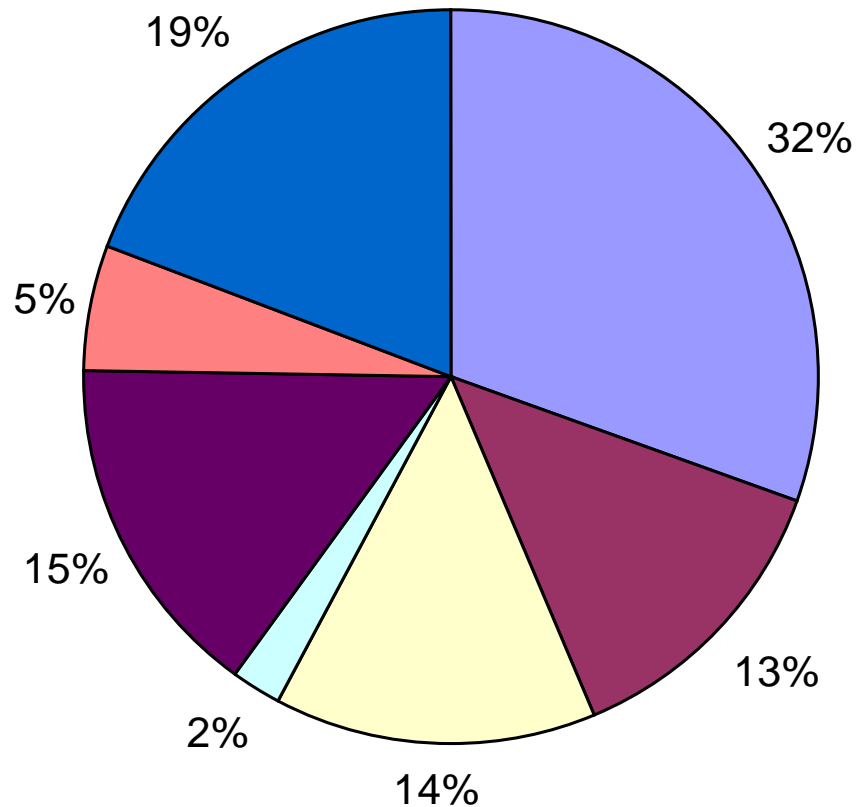
JSI Research & Training Institute, Inc.



■ HEWs reported (n=78) ■ Supervisor reported (n=19)

Supply Chains 4 Community Case Management

Sources of Motivation for HEWs

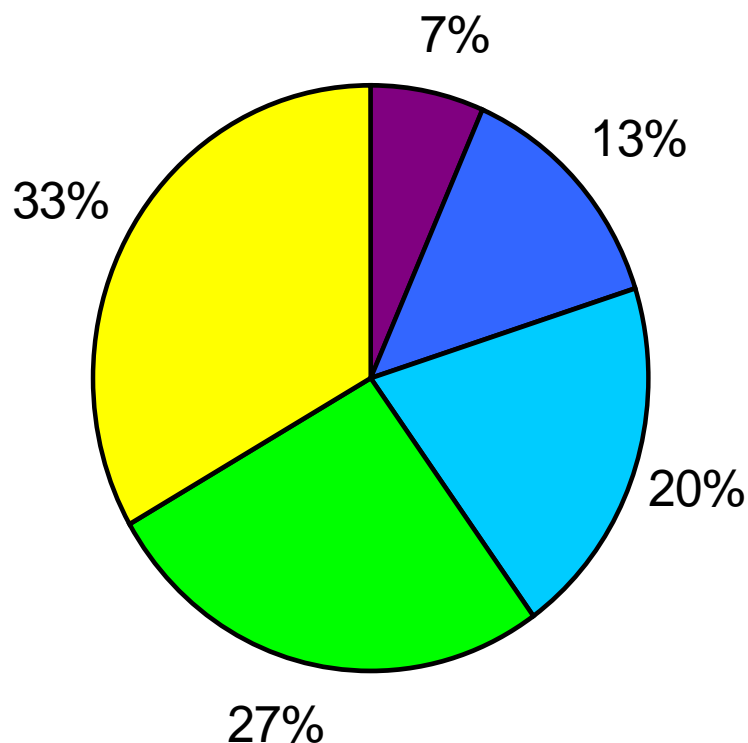


- Getting training
- Helping society
- Community participation and support
- Getting supervision and feedback
- Having/needing sufficient products/materials/ equipment
- Need incentive/ salary/ house
- Other



HEW Self-Reported Job Satisfaction-National

(1-5 with 5 being highest satisfaction)



1

2

3

4

5



Institute, Inc.



Access to Communication Technology - Oromia

- Cell phones are widely (**89%**) available at HEW level

however...



- only **35%** of HEWs have adequate network coverage
- only **21%** of HEWs have a source to recharge their phones

Thank You

