

# How to set up effective teams and team meetings to support improvements in supply chain practice among community health workers: Experiences from Malawi and Rwanda



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# Investing in proven strategies to improve community health supply chains is critical for achieving better child health outcomes.



Every year, **6.6 million children die** before reaching their 5<sup>th</sup> birthday from **preventable causes** such as malaria, pneumonia, diarrhea, and malnutrition.

**Community health workers** (CHWs) are trained to treat sick children in their communities—where there is the greatest potential to save lives—but **supply chains cannot consistently deliver** these low-cost medicines **to the community level**



## Unique Challenges Faced by CHWs

- Remote, rural locations, difficult geography
- Limited transportation options, often non-motorized: such as bikes, foot, donkeys
- Low literacy among CHWs: challenges in reporting, recording and submitting data
- Lack of infrastructure: often no dedicated facility to work from
- At the end of the supply chain: when shortages of essential medicines exist, CHWs often miss out on supplies

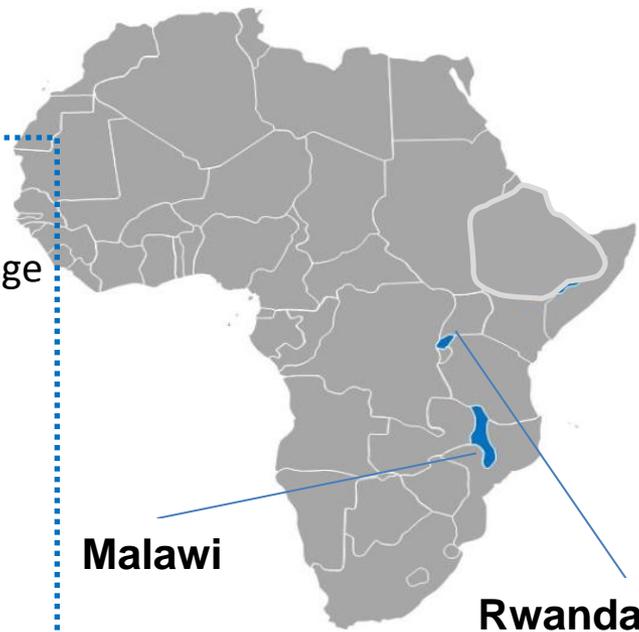
SC4CCM identified **major supply chain bottlenecks** using baseline assessments and a Theory of Change, and **designed and tested** supply chain **innovations** over 12-24 months to improve **product availability**.

## Baseline Results...

### Baseline Results

- **27%** of HSAs who manage health products had 4 CCM tracer drugs\* in stock on day of visit
- Poor HSA logistics data visibility with only **43%** HSAs reporting logistics data to HC

\* cotrimoxazole, ACT 1x6, ACT 2x6, ORS



### Baseline Results

- **49%** of CHWs who manage health products had 5 CCM tracer drugs\*\* in stock on day of visit
- No standard procedures or formulas for calculating resupply quantities for CHWs
- Information flow **not aligned** with product flow; CHWs report to multiple places, but often not to their resupply point.

\*\* amoxicillin, ACT 1x6, ACT 2x6, ORS, zinc

In both countries, results pointed to a **lack of CHW logistics data visibility** and **weak coordination** between CHWs, health centers (HCs) and districts as **barriers** to community level availability of medicines.

# SC4CCM designed the **Enhanced Management (EM)** intervention in Malawi and the **Quality Collaboratives (QC)** intervention in Rwanda.

The interventions aimed to **streamline resupply procedures** and establish **data-driven, performance-oriented teams** with the **common supply chain purpose** of prioritizing **product availability** by:

- **Empowering** HCs and CHWs to take positive steps to improve resupply process between levels and supply chain practices
- Establishing a **chain of communication about supply chain issues** by linking CHWs with HCs and districts
- Making **data** the basis of **performance monitoring and improvement**
- Creating a **culture of data-driven action** and finding local solutions to solve local problems where possible



While there were variations between the two team approaches in Malawi and Rwanda, **there were five common elements.**

1. **Common goal** to improve RSPs and community level product availability
2. **Multi-level teams** consisting of CHWs, health center (HC) and district staff
3. **Data used** for joint identification of problems, performance monitoring, and development of plans, with targets for improvement
4. **Structured approaches & tools** introduced for problem solving and developing solutions
5. **Recognition** and peer-to-peer learning for **motivation**

During initial EM training in Malawi, each district and health center team **created a shared team mission** to guide their work, **set SC performance targets**, and determined how to best **recognize improved performance** of CHWs, HCs and the district as a whole. This initial team creation set the stage for **team collaboration and accountability** that has helped make these teams more effective in improving their SC performance.



In Rwanda, **Quality Improvement Teams (QITs)** were established at each HC, comprising HC staff and cell coordinators (senior CHWs), to use CHW data to **track and improve supply chain performance**.

### District Coaching

#### QIT Monthly Meeting at HC:

CCs and HC staff to **reinforce use of resupply procedures**

CCs use **integrated supervision checklist** to collect data from CHWs



		Form			
		Range			
		Order			
		Code #1			
MASINA	T	S	K	H	
MUMUTANAMA					
CHW Name					
Medicine					
Richard					
Henriette					
Alphonse					
Mabuse					

QIT develops **action plan, implements,** and reviews monthly progress

#### Monthly Resupply Process:

CC aggregates CHW data, gives to HC Pharmacist, and picks up orders for cell

Each QIT focused on **improving the use of RSPs:**

- Using data collected by cell coordinators to identify performance gaps
- Working to close gaps by testing activities, tracking performance over time, and maintaining effective practices
- Each QIT was supported by **district coaches** who helped problem-solve around supply issues and complex challenges
- Every **quarter**, all QITs in the district (~15) came together in **Learning Sessions** for peer-to-peer sharing and learning

# In Malawi, District Product Availability Teams (DPATs) and Performance Plan initiatives encouraged teamwork and motivation aimed at improving product availability.

## Enhanced Management (EM)

### DPAT/HPAT Meetings

- Quarterly District Meetings with District staff and CHW supervisors
- Monthly HC Meetings with HC and CHWs
- 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
- Districts access cStock dashboard to track performance, give feedback

### Tools Introduced

- ✓ Resupply Worksheet
- ✓ Management Diary

cStock Data

**While improvements in supply chain process indicators were seen in ALL intervention groups, only the two team-based interventions, EM and QCs, showed significant improvements in product availability**

### Midline Evaluation Results, Rwanda

#### Product Availability

- ✓ The QC group had a significant increase in product availability at midline - **63% of CHWs had all 5 CCM products in stock** on DOV, compared to 38% in comparison districts
  - While PA increased in the incentives group, it was not significant; **45% of CHWs had all 5 products in stock** on DOV at midline

### Midline Evaluation Results, Malawi

#### Product Availability/Supply Reliability

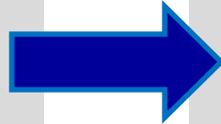
- ✓ **62%** of CHWs had the 4 tracer drugs\* in stock DOV (compared to 27% BL)
- ✓ EM district CHWs had **significantly lower mean percent stockout rates of 6 iCCM products** (5-7%) than CHWs in cStock only districts (10-21%)

\*cotrimoxazole, LA1x6 and/or LA2x6, ORS

**Based on these results, and an analysis of qualitative data from both countries, we validated that the five key elements of both team approaches were instrumental in improving product availability**

# Operationalizing effective teams

1. **Common goal** to improve RSPs and community level product availability
2. **Teams** that consist of CHWs, health center (HC) and district staff



Establish **teams** and promote a **team mindset**; teams should

- Develop a common goal and mission
- Have membership across SC levels and programs – linking program and supply chain staff at CHW, HC and district levels
- Recognize clear roles and responsibilities for all members
- Understand how to set goals and track performance

3. **Structured approaches & tools** introduced for problem solving and developing solutions



Clear **guidelines** on how to conduct effective meetings; teams should be able to

- Set agenda and document meeting
- Incorporate use of data, performance monitoring, action planning, tracking progress into meeting agenda

# Operationalizing effective teams

4. **Data used** for joint identification of problems, performance monitoring, and development of plans, with targets for improvement



Teams should use an **evidence-based** approach to performance improvement supported by

- A clear source of data and simple tools
- Structured approach to using data to identify challenges, solving problems and tracking actions for supply chain improvements
- mHealth systems can help provide data easily and rapidly

5. **Recognition** and peer-to-peer learning for **motivation**



Teams need consistent **reinforcement** from **district** level

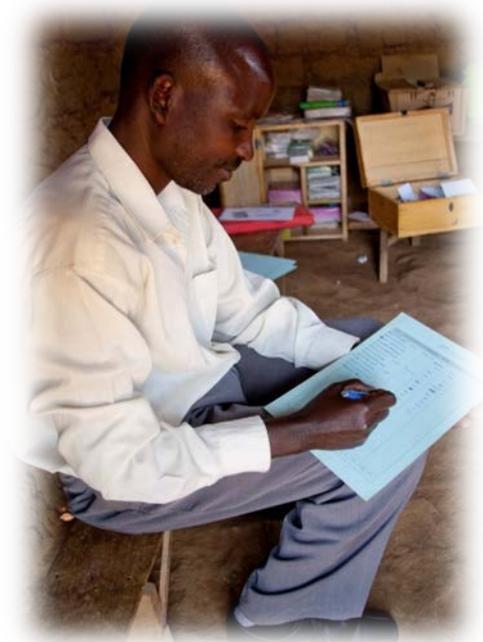
- Participation in meetings and responsiveness from district staff to help solve problems that CHWs or HCs cannot address alone, especially around product availability
- Feedback on performance and opportunities to share experiences with peers

# Example of the Team Approach in Malawi

CHW Supervisors **capture data** reported via cStock on resupply worksheets (RSWs). During the **HPAT meetings** every month, without any additional analysis, RSWs can be easily used to **track** reporting rates, lead times and emergency orders so that the **CHW-HC team** can discuss where **gaps in performance** exist and how to improve them. HCs maintain a management diary, where follow up actions are noted and referred to at the following meeting. Complex challenges are referred to **district team members**, who provide feedback or help resolve problems before next meeting.

*“What have been the benefits of cStock and DPAT? There has been a major achievement with **product availability** for HSAs, I would stand up and clap about this. cStock has **motivated** me. Before the HSA supervisor and in-charge would just call to ask about drugs. Now, cStock gives us a **clear view** of what is happening and addresses the challenges that we have. It helps us know **what to supervise** and the **targets** we should meet because of the **DPAT meetings** that we have. Due to this our **performance** has increased.”*

~ CHW Supervisor, data gathered during endline evaluation in Malawi (2014)



# Why Invest in Teams?

- Teams can be very **motivating** especially for CHWs who often feel isolated and disconnected from the overall health system
  - Recognition was important in helping them realize the important role they played in ensuring products were available to clients
- Teams can help create a **culture** focused on **continuous improvement**, thereby pushing **performance** to the next level
- Teams are needed for **significant improvement** in SC indicators like PA which are affected by a variety of factors and rely on alignment of product and information flow between multiple levels

Teams, with common objectives, can improve **relationships, trust and collaboration** and **open communication** channels across and between levels, which has spillover benefits across programs and interventions



# Conclusion

CHWs are at the last mile of the health care delivery system and supply chain, are often not highly skilled, so establishing teams with these **five elements** offers a **people-centered approach** for significantly improving supply chain practices and outcomes.



However, **quality improvement** teams are resource intensive and hard to sustain and therefore not worth investing in unless policy makers and decision makers can commit to **sustaining support** throughout the whole team establishment and evolution process.



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