



## **SC4CCM Project Theory of Change**

We believe that access to quality health care at the community level will dramatically decrease the number of preventable deaths in children under five from the most common childhood illnesses in settings where health facilities are distant or inaccessible. We believe that community health workers, if given the appropriate training and resources, can provide high quality case management for pneumonia, diarrhea, malaria, and malnutrition in children under five. We also believe that one of the biggest obstacles to providing high quality community based treatment is the lack of, or ineffectiveness or inefficiency of supply chain systems necessary to ensure availability of essential, life saving medicines at this level.

We believe that an effective and efficient supply chain requires reliable and appropriate transport for moving goods, adequate and secure storage for maintaining good quality medicines, sufficient quantities of essential medicines available at resupply points and staff with the right knowledge, skills and motivation to perform their roles. To achieve these preconditions necessary for system performance certain elements must be in place. These elements are the funding, policies and strategies, tools, processes, communication and information flows, personnel with knowledge and skills needed to achieve the intermediate goal - community health workers have usable and quality medicines available when needed for appropriate treatment of common childhood illnesses. We believe the absence of one or more of these elements will adversely affect the achievement of this goal.

Based on these beliefs, our theory is that 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. This ultimately will contribute, along with other interventions, to our overall goal to reduce childhood mortality for children under five from treatable diseases.

### **Description of SC4CCM Theory of Change Model**

The SC4CCM Theory of Change model provides the framework for our project assessment, identification of solutions and innovations, monitoring of change and demonstration of success. The interventions and solutions proposed by SC4CCM to strengthen supply chains for community case management are based in the analysis of the relative strength of these system performance elements (color coding) and their preconditions (boxes).

The TOC model diagrams the pathway of change to the intermediate and ultimate goals, or long term outcomes, of the SC4CCM project (represented in the light blue boxes at the top of the diagram). Described below are the key components that make up the pathway of change.

Key components:

**Preconditions** - The preconditions are the building blocks that we believe are necessary to achieving the long term outcomes. The preconditions are represented in the boxes below the two goals and are color coded to represent how each precondition fulfills the essential elements of system performance. The size or position of the precondition box does not indicate the importance or significance of that precondition, each precondition is considered necessary for change to occur.

**Arrows** - The arrows indicate the sequence that preconditions should be addressed, with a belief that one precondition can not be fully accomplished until the preconditions before are achieved. This sequence creates the pathway of change.

**Interventions** - Interventions are centerpiece to the theory of change as they describe the types of activities required to bring about each precondition on the pathway to change. Country specific interventions will be identified during the baseline assessment based on weak or missing preconditions and indicated on the arrows.

**Indicators** - Each precondition is a preliminary outcome with indicators (numbers within each precondition box) that measure the success of interventions adopted to achieve the preconditions.

**Assumptions** - Assumptions, represented by letters, are the necessary factors for change that are outside the project control. These assumptions demonstrate the limitations to what we can expect to change alone and emphasize the need for collaboration with governments and partners.

### Assumptions:

**A**

Cadre of CHWs exists and CHWs are deployed in adequate numbers and are well distributed in remote, hard to reach areas

**B**

Central level MOH procurement unit exists

**C**

Fuel is available when needed

**D**

An adequate number of supervisors are available

**E**

If CHWs are salaried they are paid regularly and on time

**F**

CHWs are trained to identify, classify and treat or refer common childhood diseases

**G**

Demand for CCM services exists

## Footnotes

1

A commodity security strategy is not necessary for a CCM program per se, but is a powerful instrument for ensuring availability of product at the community but gaining commitments from stakeholders (includes government and non government stakeholders).

\* Common childhood illnesses include pneumonia, malaria, diarrhea and malnutrition

\*\* Vehicles indicate any device or structure that transports persons or things; a truck, car, bike, bus.

## Acronyms

CHW	community health worker
CCM	community case management
LMIS	logistics management information system
MOH	Ministry of Health
SC	supply chain