



**Making Products Available in the Community:**  
***Supply Chain Management for CCM and cStock***  
***September 2014***



# The Importance of Supply Chain Management for CCM

While thousands of trained, committed CHWs strive to ensure that sick children can get the treatment they need close to home, **often the supply chains cannot consistently deliver these low-cost medicines to the community level.**



Community Health Supply Chains are uniquely challenged by the **remote location** of the CHWs, the **literacy levels** of the CHWs, the **lack of infrastructure** and because CHWs are at the **end of the supply chain**: when shortages of essential medicines exist, CHWs often miss out on supplies

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

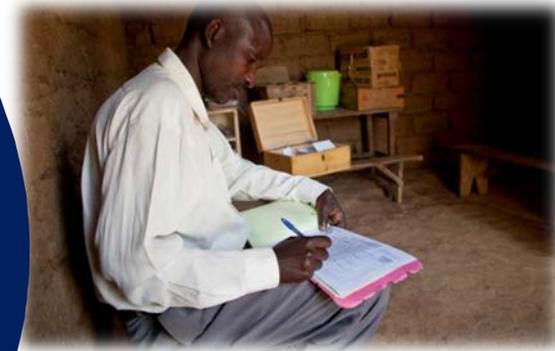
# SC4CCM have found that the following three areas need to work well together to improve overall performance of the supply chain



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



**Functioning LMIS:** Consumption and stock data is available and usable for supply chain decision making and problem solving



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

- ✓ **Routine Quantification**
  - ✓ **National Coordination**
- are **fundamental keystones** for continuous product availability by ensuring funding for and the timely procurement and distribution of medicines.

# In Malawi baseline results showed that all three elements needed to be addressed

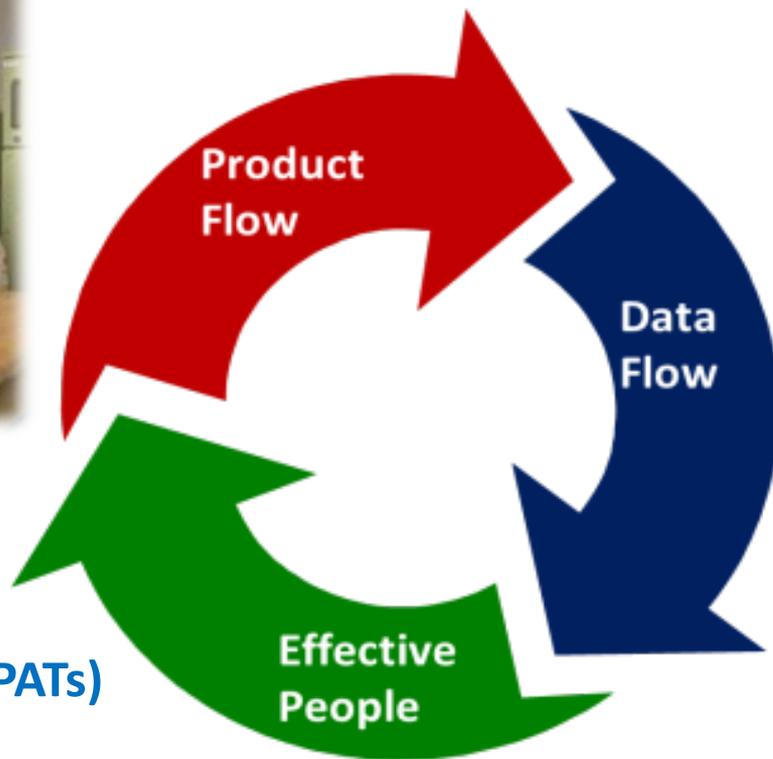
**27% of HSAs had the 4 key iCCM products on day of visit (cotrimoxazole, ORS, ACTs 1x6 and ACTs 2x6)**



- Product Flow: supply was not consistently based on demand
  - 56% of HC staff determined resupply quantities using a standard formula, 10% used the same quantity as last month, 5% used knowledge from past experience, 5% used another method, and 23% did not know.
- Data Flow: logistics data from HSAs was not available or used
  - 43% HSAs submitting reports that contain logistics data to HC
  - 14% of HCs reported passing that information to higher levels
- Effective People: supervision and support for supply chain tasks was limited
  - 50% reported supervision on SC tasks
  - When asked about job satisfaction, about 20% of HSAs who manage products ranked a '2' or '3' out of '5'



# The Enhanced Management Approach was implemented in Malawi to address all three elements



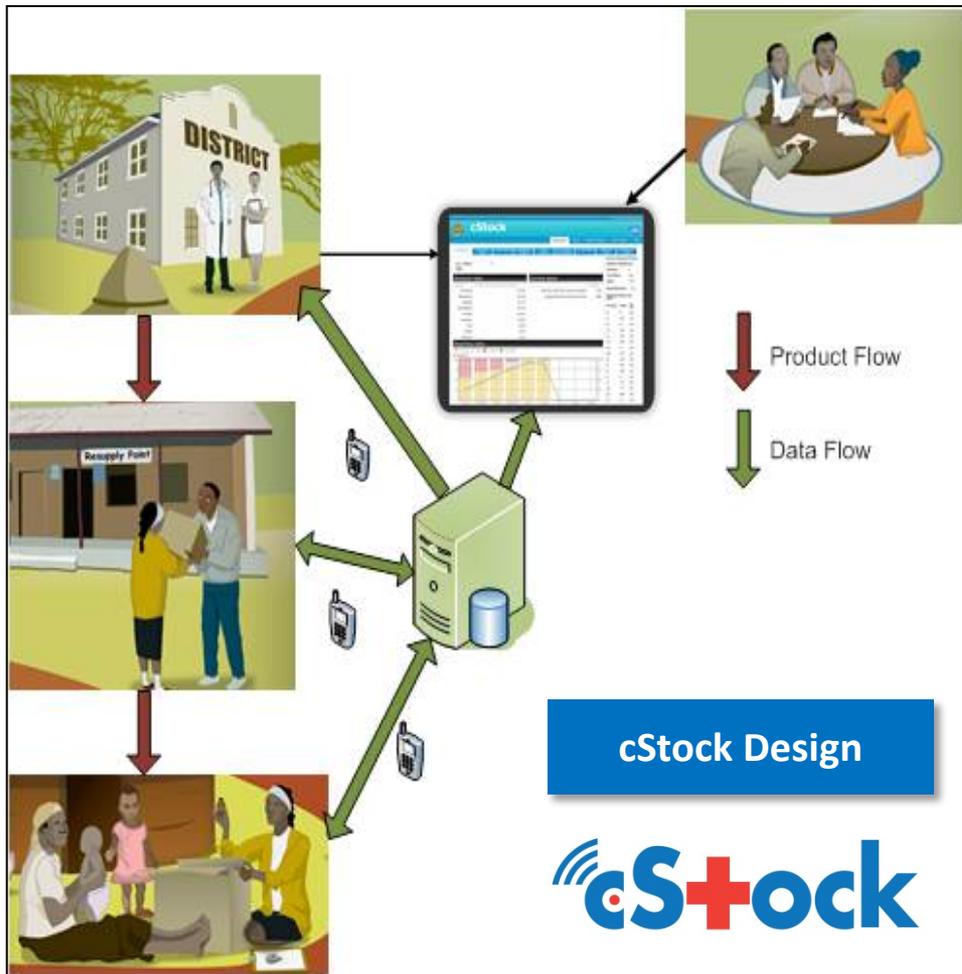
**mHealth system** called **cStock** was designed, developed and deployed to improve data flow and product flow

## District Product Availability Teams (DPATs)

were established with a common goal to use data to solve problems and improve supply chain performance to address effective people challenges

# cStock: Product and Data Flow

**cStock**, a mHealth supply chain management tool, addresses data visibility challenges and streamlines the process of resupply.



## cStock Highlights

- HSAs text **stock on hand data** to cStock at the end of the month, replacing manual resupply forms
- The cStock database automatically **calculates the resupply quantity based on individual consumption** and sends **via SMS** to the HC Pharmacy who then prepack the order
- HC sends text message to HSAs via cStock when their **order is ready** for pick-up, preventing unnecessary trips to the HC
- HSAs text cStock **receipt** confirmations, ensuring accurate record keeping
- District and Central levels **monitor resupply and stock levels** through SMS alerts and a performance dashboard, enabling proactive action when needed

# DPATs: Effective People

**District Product Availability Teams (DPATs)** encourage teamwork and motivation between the levels to use data and coordination to improve supply chain performance and address product availability challenges.

## Enhanced Management (EM)

### Performance Plan

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

### DPAT / HPAT Meetings

- Quarterly District Meetings with District pharmacy technicians, coordinators and HSA supervisors
- Monthly HC Meetings with HSA supervisors , Drug Store in Charge, HSAs
- Topics discussed include
  - Performance plans & recognition
  - Reporting timeliness and completeness
  - Stock management , expiries & overstocks, and product availability

# Evaluation of Pilot (6 districts) 2013

By targeting **product flow, data flow and effective people** for the community health supply chain, Malawi saw quantifiable improvements across the board. cStock and DPATs are now in **28 of the 29 districts** (last one to be trained in Oct) in Malawi.

## cStock Results

- ✓ **Reporting rates consistently above 80%**
- ✓ **94%** of HSAs use cStock for requesting products
- ✓ **91%** of Drug Store in Charges use cStock to determine by how much to resupply HSAs
- ✓ **56%** of HSA supervisors use cStock data for performance monitoring
- ✓ All district coordinators use cStock for planning and coordination

## DPAT Results

- ✓ **84%** of HSA supervisors report DPAT meetings were held
- ✓ **96%** of HSA supervisors report conducting a HPAT meeting
- ✓ **100%** of District & HSA Supervisors reported finding product availability teams useful

**FGDs: “these meetings have enhanced our relationship with the in-charge,” (HSA)**

## Districts with cStock plus DPATs performed better than districts with cStock only

- ✓ Reporting rates in EM group were **10% higher** than other districts: >90% compared to >80%
- ✓ Completeness of reporting in EM groups was on average **13%** higher
- ✓ HCs in EM group took on average **7.6 days** to respond after a request compared to 13.5 days.

## Product Availability Results

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

**62% of HSAs** had the 4 tracer drugs\* in stock day of visit (compared to 27% BL)

HSAs in EM districts using cStock had **14% fewer stock outs or low stocks** than non-intervention districts

# Key Findings...

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

- CHW resupply is based on demand using consumption data
- Data is available throughout the supply chain 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.**



**Thank you! Questions?  
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