

Procurement and Supply Management for iCCM – common challenges



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Systems for Improved Access
to Pharmaceuticals and Services

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iCCM and PSM

- Success of an iCCM program is dependent on the constant availability of commodities.
- Unique considerations and challenges at each step of the iCCM supply chain:
 - Rural areas, difficult geography
 - Limited or challenging transportation networks
 - Often a volunteer cadre working out of their homes
 - At the end of the supply chain

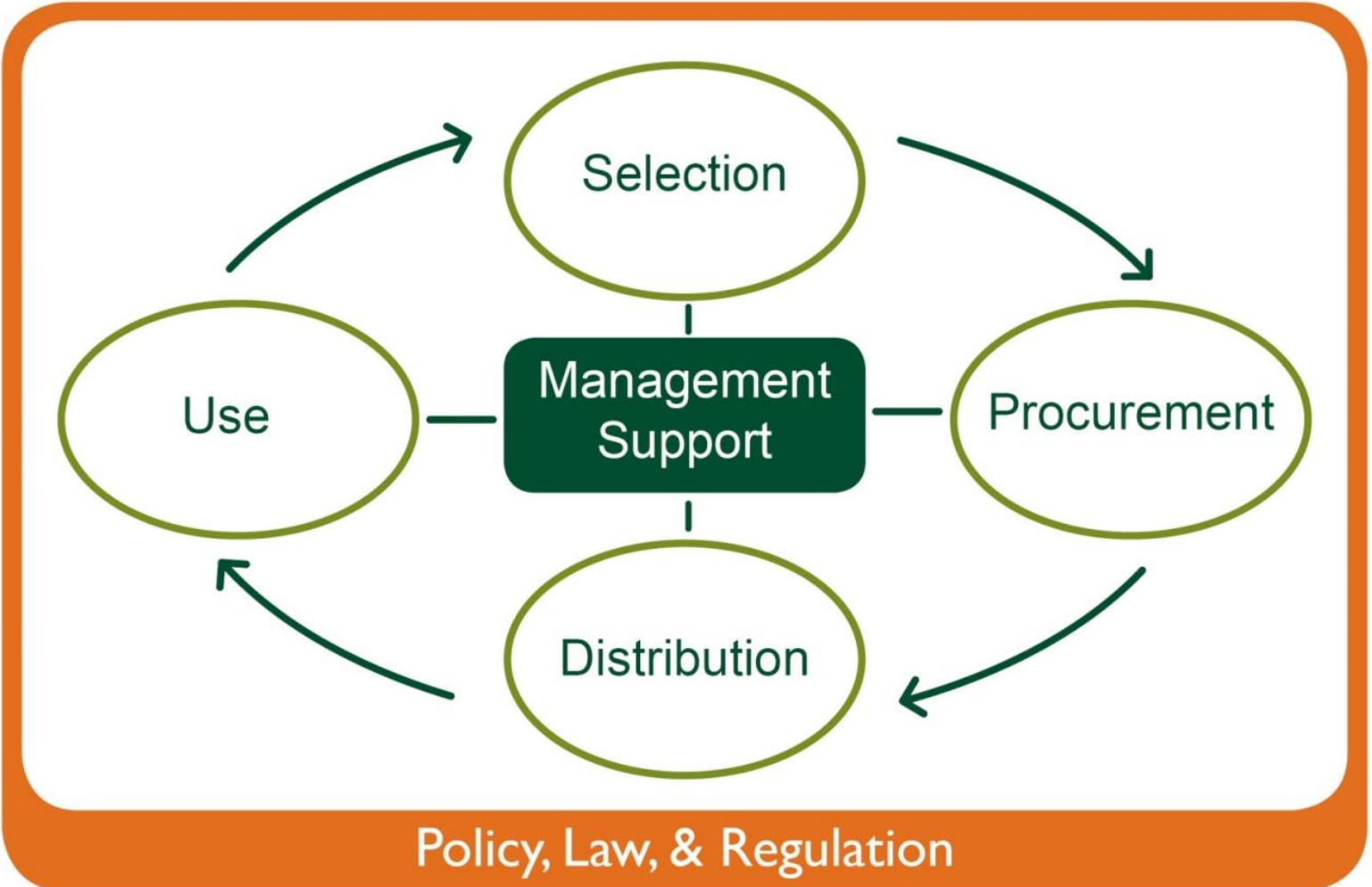
- Good planning of supply chain management is essential to overcome these challenges
- PSM for iCCM needs to be considered within the full supply chain context, from the beginning not as an add-on



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What is PSM/SCM/pharmaceutical management?



Selection

- Consider the full supply chain, the CHW and the end user
 - **pediatric** dosages and formulations preferably dispersible tablets and acceptable taste
 - Appropriate packaging for the community level, specifically:
 - Transport and storage conditions
 - Volume of clients
 - Simplify dispensing and manipulation by CHWs
- Harmonization of policies
 - Revising standard treatment guidelines, essential medicines lists, and registration status



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Selection (cont.)

- Tender specifications need to respect selection
 - Individual courses of treatment (blister packs) or individually packed rapid diagnostic tests (RDTs)

Examples of what can go wrong:

- Procurement of co-trimoxazole 480 mg tablets instead of 120mg tablets for iCCM
- Amoxicillin dispersible tablets listed in guidelines and EML but **non-** dispersible tablets procured



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Quantification

- Forecasting future consumption at the CHW level (estimating needs) based on data and assumptions
- Ensure there is adequate inventory at all levels of the system so products will reach the CHWs (**integrated supply planning**)- dependent on stock on hand, funding sources, lead times. Needs updating regularly



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Quantification challenges

- Historical data ideal for forecasting but if iCCM is new, use demographic data.
- Be realistic about scale-up rates and use of services: assuming immediate at scale service availability and service use will over-estimate need and risk misuse &/or expiry
- Quantifying only for community level and not facilities
- Different supply plans: malaria/ MCH/ essential medicines vs an integrated supply plan
- Revise supply plan quarterly
- Coordination between all stake holders (CMS, NDRA, programs, partners etc.)



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Procurement

- Allow time
- Careful planning and a clear strategy for expansion of iCCM very important
- Funding identified and available for timely disbursement
- Consider needs for all levels of system not just iCCM
- Include technical specifications for products
- Ensure quality of product
- Consider staggered delivery dates for annual procurements: allows for changes in dates of future shipments or quantities, as trends in demand become more evident, especially for new programs
- Communication and coordination to maximize resources



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Distribution

- Define resupply system & align with already existing procedures and systems at higher levels
- Ensure supply chain tasks are appropriate for the CHW

CHW Stock Activity Report Form 1
[Scenario: No consumption recording done by CHW]

CHW Name: Your name here Max Stock Level (A): (Months)

Supplying Health Facility: Name of facility that supplies you with health products District: Name of the district you are located in

Reporting Period: Dates for the period you are reporting (e.g., March 1-31, 2014) Date Completed: Date you complete the report (e.g., today)

This should be pre-printed and used by resupply facility to calculate quantities to supply

| Completed by CHW | | | | | Completed by Supplying Health Facility | | |
|--------------------------------|--------------------|------------------------|------------------------|---------------------|---|---|------------------------|
| Product Description B | Counting Unit C | Beginning Balance D | Quantity Received E | Ending Balance F | Calculated Consumption (D + E - F) G | Quantity Needed to Reach Max ((G x A) - F) H | Quantity Supplied I |
| amoxicillin 250 mg dispersible | tablet | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Quantity Supplied
Amount resupplied to the CHW

Calculated Consumption and Quantity Needed
Calculated by facility. Uses information reported by CHW and the calculation in column heading

Prepared by (CHW) _____ Name _____ Title _____ Date _____ Signature _____
 Issued by (HF) _____
 Received by (CHW) _____

CHW should write their name, date and signature in this row when completing the report

Health facility staff should write their name, date and signature in this row when completing the report and supplying the health products to the CHW

CHW should write their name, date and signature in this row when receiving health products

- Develop simple reporting /order forms and job aids
- Link reporting to resupply
- Train CHWs in supply chain tasks & orient their supervisors

CHW Stock Activity Report Form 1
[Scenario: No consumption recording done by CHW]

CHW Name: _____ Max Stock Level (A): (Months)

Supplying Health Facility: _____ District: _____

Reporting Period: _____ Date Completed: _____

| Completed by CHW | | | | | Completed by Supplying Health Facility | | |
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| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Prepared by (CHW) _____ Name _____ Title _____ Date _____ Signature _____
 Issued by (HF) _____
 Received by (CHW) _____



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Challenges in distribution

- Facility staff hesitant to hand over prescribing
- Facility staff reserve stock to avoid stock outs in facility
- CHWs trained on case management & not supply chain
- Push vs pull vs kits
 - Push can lead to over or understocking
 - Pull dependent on accurate reporting and calculations
 - Kits have fixed quantities
- Supervisors not trained how to supervise supply chain
- Training of CHWs before supplies arrive- need for refresher training



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Storage

- Space for increased volumes in the supply chain system
- Storage by CHWs in their own homes- need acceptable storage options



Logistics Management Information System (LMIS)

Supply chain data needed for

- quantification
- resupply

Challenges

- Overburden of CHWs collecting data that will not be used
- Inclusion of community level in LMIS but keep separate as it gets consolidated
- Tasks and instructions for reporting not simple
- Reporting not linked to resupply
- Monitoring of CHWs
- M health applications



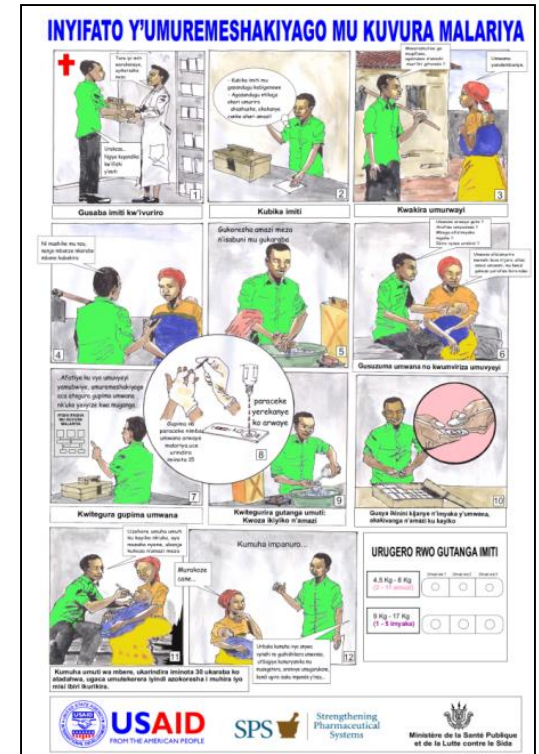
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Rational Use

- iCCM can be linked with ↓ AMR
- CHWs can follow protocols but depends on training, job aids, supervision, and feedback
- Integrated supervision required : involve resupply point



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Coordination & integration

- Integrate iCCM into national PSM system: strengthen pharmaceutical systems rather than set up parallel systems for iCCM
- Coordination between donors for different commodities
- Coordination between different departments in MoH e.g. malaria, child health and NDRA etc.
- Integrated supply plan- to include all sources of products and coordinated with iCCM expansion plan

PSM for iCCM should not be an after-thought



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Resources

Supply Chain Management sub group of CCM Taskforce- webpage with resources

<http://ccmcentral.com/about/iccm-task-force/supply-chain-management-subgroup/>

The screenshot shows the CCMCentral website. The header includes the logo "CCMCentral" and the tagline "Integrated Community Case Management of Childhood Illness". A navigation menu contains links for "About", "iCCM & the Global Fund", "iCCM Programs", "Countries", "Resources", "2014 Symposium", "Related Links", and "Contact Us". The main content area is titled "Supply Chain Management Subgroup" and includes a description of the group's purpose, its objective, key activities, and membership information. A sidebar on the right features a call-to-action box that says "Ask an Expert your Supply Chain-related questions!" and a "NEW FEATURE" label. Below the call-to-action is a photograph of a table with various supplies and materials.

- Process Guide and Toolkit for Strengthening Public Health Supply Chains through Capacity Development, UNICEF



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