Sustaining Our Investments in cStock:

Sustaining Gains in Child Health

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As a strategy to reduce child mortality, the Government of Malawi, in 2008, initiated integrated community case management iCCM allowing health surveillance assistants (HSAs) to treat sick children in communities. Updated WHO guidelines were adapted and iCCM was implemented in all the 28 districts.

Malawi however, faces health infrastructure challenges, including weak supply chain management systems leading to low product availability. A baseline assessment conducted in 2010 identified data visibility, transport and motivation of HSAs as challenges to continuous product availability. The JSI supported Improving Supply Chains for Community Case Management (SC4CCM) Project designed a mHealth tool as part of two interventions to address these challenges. This mobile health (mHealth) technology - cStock, for reporting on community stock data - was designed and implemented as an integral component of the Enhanced Management (EM) and Efficient Product Transport (EPT) interventions.

During the first year of piloting in 6 districts, partners received regular feedback on the progress and achievements in all the 6 districts. The cStock initiative generated significant interest among MOH and iCCM partners as a very promising solution to the long standing product availability problem. Recognizing the significant role that cStock played in enhancing product data visibility by all players and promoting proactive managerial oversight/action in addressing product stock outs for all community level managed health programs, WHO through the Partnership for Maternal Newborn and Child Health advocated for the accelerated roll out of cStock in the country.

In November 2012 the Ministry of Health (MOH) convened a meeting with various partner institutions supporting community level managed health programs, including other relevant managers for MOH health programs. The goal of the meeting was to facilitate the formation of a sub-committee that would support the Ministry in planning and managing the scale up of cStock from the project coverage of 6 districts (Dedza, Lilongwe, Nkhatabay, Nkhotakota, Kasungu, Machinga, Mulanje and Nsanje) to all remaining districts and to help guide institutionalization of ownership and management of cStock from SC4CCM Project to the Ministry of Health.

In order to achieve the rapid scale up, WHO through the PMNCH supported the target priority districts to include the following activities in planning for scale-up and supporting institutionalization of cStock within the MOH:

Training of trainers (TOT) in districts where cStock and Enhanced Management intervention scale up was to be implemented. *Participants were district based MOH staff to promote long term ownership and sustained support to the interventions right at implementation level;*

Training of health facilities staff,HSAs, and district teams; *Scale up trainings included 1) creating shared vision around maintaining adequate supplies at district level; 2) creating district teams and champions to drive intervention adoption and promote district-level ownership; provide supportive supervision, and sustained management of cStock/Enhanced Management intervention; including promoting proactive and regular use of cStock data to solve supply chain problems and improve supply chain performance in their districts*

1. Production of training materials;
2. Scale up of cStock/Enhanced Management intervention to 10 additional districts.

Thereafter, within a period of 12 months WHO had supported cStock scale up to 10 districts.

Achievements:

1. Availability of 6 tracer products significantly improved from 22% to 66%;.
2. Mean stock reporting improved significantly to 90%;
3. Lead time for HSA product resupply reduced significantly to about 10 days;
4. Mean stock out rate was much lower down to about 20%

Real-time visibility into stock situation at national, district, facility, and HSA levels; *For the first time, MOH and iCCM partners in Malawi had real-time visibility into stock situation at national, district, facility, and HSA levels for community managed health products;*

Data visibility and direct performance comparison drove up supply chain performance and product availability*Improved data visibility and the direct performance comparison approach that is possible with cStock across HSAs (per facility); across facilities (per district); and across districts (for national level dashboard) greatly exposed system weak point areas /players and that helped promote positive competition which drove up overall supply chain performance and product availability (best performers were being recognized in a transparent way to promote superior performance)*

Results above clearly demonstrate that cStock was feasible and acceptable to all levels of users in Malawi. The use of cStock enabled Malawi to achieve the best supply chain performance outcomes and supply reliability. Multi-level teams served to connect HSAs (demand side) with decision makers (supply side) at higher levels of the health system, promoting needs-based resupply and optimal allocation of the limited supplies, alignment of objectives, and role clarity. This facilitated mutual trust and collaboration among players in supply chain as a system, C stock will definetly contribute to any positive outcomes of iCCM on child health and national efforts to strengthen the six pillars of the health system