



Malawi

Ministry of Health

Enhanced Management of Community Health Products Standard Operating Procedures

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Acronyms

iCCM	intergrated Community Case Management
DHMT	District Health Management Team
DPAT	District Product Availability Team
DTC	Drug and Therapeutic Committee
EM	Enhanced Management
EO	Emergency Order
HSA	Health Surveillance Assistant
HTS	HIV Testing Services
IMCI	Integrated Management of Childhood Illness
JSI	John Snow, Incorporated
LMIS	Logistics Management Information Systems
MOH	Ministry of Health
MOS	Months of Stock
OJT	On the Job Training
LMIS-RIV	Logistics Management Information System- Requisition and Issue Voucher
OS	Out of Stock
SC	Supply Chain
SC4ICCM	Supply Chains for intergrated Community Case Management
SMS	Short Message Service
SOH	Stock on Hand
SOP	Standard Operating Procedures

I. Overview of the Enhanced Management of Community Health Products Approach

A. Purpose and Objectives

The Enhanced Management Approach (EM) aims to help Ministry of Health (MOH) staff at district, health center, and community level to significantly improve availability of medicines and health products for community health at the community level through promotion of superior team performance practices. Benefits will also be realized by CCM, FP, MalariaHTS and EPI partners committed to improving medicine/product availability at community level, MOH policy makers committed to assuring progress towards improved child and maternal health and HIV prevention and testing at community level through improved product availability, and development partners interested in supporting innovative approaches to addressing drug availability challenges in the public sector health commodity supply chain system.

A pilot of the EM approach was conducted in three districts from July 2011 to January 2013, supported by the MOH and JSI/SC4ICCM Project. Evidence gathered through the pilot demonstrated that supply chain commodities performance was better in the districts where there was a common goal for the community health supply chain at all levels (District, Health Centre and the Community), quality and commitment of leadership, team cohesion, and commitment to community health product availability. Enhanced Management provides a framework for staff at all level to work as a team to address the challenges associated with limited drug budgets by prioritizing these critical community health programs and the product associated with them.

Using a team approach to improve supply chain performance and ultimately product availability, the Enhanced Management Approach seeks to achieve the following objectives:

- Promote and foster a team vision and commitment to community health product availability among MOH staff at all levels of the product supply chain
- Promote supply chain goal setting, performance monitoring, and recognition of superior performance to enhance effective team performance
- Institute a culture of regular DPAT meetings to assess performance against desired targets and embark on a path of continuous improvement
- Improve communication and collaboration among team members bound by a common goal
- Promote the use of data to guide timely problem solving, decision making and action taking at district and lower levels to solve supply chain issues.

The team approach is based on the notion of synergy, that together, a team can achieve far more output than what individual members would ever achieve $[(1+1) > 2]$. The roll out of the EM approach to the national level in Malawi is evidence of the synergistic effect from effective team work.

B. Core Features of the EM approach:

1. **DPAT** - District Product Availability Teams:
 - Quarterly district meetings, monthly at health centers
 - Management diaries to track SC issues and actions taken
 - Development and use of performance plans, targets, recognition
2. **cStock** for reporting and resupply:
 - Reporting of logistics data
 - Requesting health products
 - Tracking stock levels and other SC performance indicators
3. **Performance monitoring** using cStock / Resupply Worksheet:
 - Use of cStock HF reports to monitor targets at HPAT meetings
 - Use of resupply worksheet by HPAT when cStock reports are not available
 - Use of data from cStock dashboard by DPAT to guide timely problem solving and decision making

C. Summary of Activities

The Enhanced Management Approach encompasses the following key activities:

1. **Product Availability Team identification and formation:**
 - Develop a goal around maintaining community health product availability
 - Jointly define team and team member roles and responsibilities
 - Form team contract among members (commitment to team goals)
 - Define accountability mechanisms for team members to agreed team goals
2. **Community health Commodity supply chain performance planning:**
 - Assess current community health supply chain performance position within team catchment
 - Jointly define and plan for desired community health supply chain performance targets
 - Jointly identify and measure supply chain performance gap to reach desired state
 - Identify change needed to move performance towards desired targets
 - Identify ‘champions’ in the team to facilitate implementation of specific change at field level
 - Align individual behavior and goals to team targets
 - Identify capacity gaps and necessary interventions
3. **Managing team communication:**
 - Define communication lines and mechanisms
 - Agree on meeting frequencies and schedules – e.g. quarterly district meetings and monthly health center meetings

- Document and manage team decisions through use of management diaries at district, HCs to track SC issues and actions taken
- Manage communications with DTC, DHMT and MoH central level.

4. Using Supply Data for Decision Making (cStock):

- Report logistics data to the cStock system on time through mobile phone SMS and submission of LMIS data.
- Routinely check for product availability status on system dashboard and take appropriate action to ensure continuous product availability
- Use product availability data and reports to inform performance plans, make supply decisions, identify existing and potential supply problems, and recognize good performance

5. Performance monitoring and learning:

- Develop team performance monitoring plan
- Assess performance against team and individual targets
- Compare performance among facilities and staff
- Identify success factors and bottlenecks to performance

6. Implementing performance improvement plan:

- Replicate successful practices in low performing facilities
- Promote use of high performing facilities and HSAs as models for performance improvement
- Address structural factors of performance bottlenecks
- Recognize good health facility supply chain performance

D. Expected Outcomes

Improving product availability at community level is a function of many variables, apart from budget amount available at district level. Successful implementation of the Enhanced Management approach is expected to bring about the following outcomes:

1. Improved quality in leadership and commitment to community health product availability at all levels
2. Enhanced teamwork and accountability to collective team goals
3. Improved communication and urgency around community health product availability decision making
4. Increased usage of cStock supply chain data for supply chain decision making
5. Enhanced motivation among staff to community health supply chain tasks
6. Improved supply chain performance planning and monitoring
7. Improved community health product availability in all districts.

II. District Product Availability Teams

A. Role of District Product Availability Teams (DPATs)

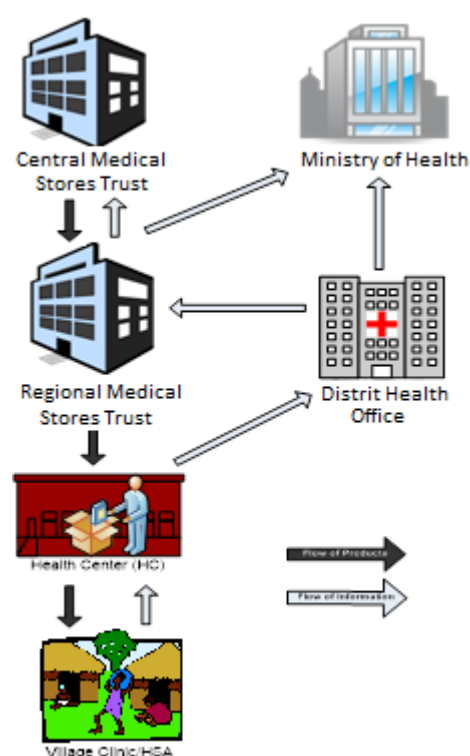
Successful Commodity supply chain management of community health products relies on high performing teams of district, health center and HSA personnel who are committed to ensuring community health product availability. As illustrated in the diagram below, in the current system, getting community health products to the community level is not one person's job:

- HSAs send reports of consumption and stock on hand of community health products to the Health Center
- Health Center compiles aggregated consumption report to district level
- District consolidates Health Center information, determines re-supply quantity and orders from CMST
- CMST re-supplies directly to facilities
- Health Centers re-supply HSAs
- Customers/clients access health products from HSAs.

It takes more than one person's effort to get products to the village clinic. In fact, it takes a collective effort of a well-functioning team to ensure every aspect of the process is done correctly, in a timely manner and with a focus on the ultimate customer, the patient or any person that comes to an HSA for a health-related service.

District Product Availability Teams (DPATs) are teams comprised of district management, health facility staff, and HSAs who are responsible for ensuring that community health products are available at all times for HSAs to provide services to clients. Specifically, these teams include:

- HSAs
- HSA Supervisor/Senior HSA (Health Center based)
- Cluster supervisors
- Health Centre Pharmacy in Charge.
- District Program Coordinators for community health programs
- District Pharmacy in Charge



Additional staff may be included in the teams as appropriate. These teams function under the auspices of the District Drug and Therapeutic Committee (DTC), and in any specific district may operate within the DTC or as a sub-committee of the DTC. While the DTC advises and supports the team, day-to-day activities of the team are the responsibility of the team members designated above.

The District Product Availability team will nominate one member to serve as the link with the DHMT. This member will have the role of sharing reports and updates on product availability issues with the DHMT.

The District Product Availability Teams perform the following functions, in addition to their core responsibilities:

- Participate in initial team workshop to develop a better understanding of the team concept: develop customer service oriented goal; learn how to establish supply chain targets; identify ways of recognizing good performance; and establish mechanisms for team communication; learn to use the cStock system, etc.
- Jointly develop a team goal around maintaining community health product availability in own district
- Establish community health product availability performance targets for the team
- Develop and implement a team performance monitoring plan
- Define roles and responsibilities of team members vis-à-vis meeting team goals/targets
- Jointly identify any bottlenecks/obstacles in relation to achieving team goals and develop a plan to address them, including identifying stakeholders whose support will be needed
- Provide OJT, identify any skill gaps in team, and propose solution to address gaps
- Use cStock (rapid SMS) reporting system to transmit data per the SOPs (HSAs)
- Use supply chain data available through cStock to take actions to ensure availability of community health products
- Meet monthly to review HSA and HC supply chain performance data and community product availability, as well as discuss and document key factors – success factors and bottlenecks alike (and their controllability) – that impacted product availability in preceding reporting period
- Based on learning from previous months, develop action plan to achieve targets and better product availability; and recognize achievements and good performance, while motivating and supporting others to do better
- Work as a team to solve problems that affect the availability of community health products at the Village Clinic and ensure community health product availability at the Village Clinic and Health Centers for Village Clinic resupply
- Engage DHMT/DTC to lobby for other stakeholders' actions to address factors outside immediate team control and for support where necessary
- Periodically, update DHMT and DTC on progress, key implementation issues, and any support needed by the team to do better.
- Maintain a tracking of key success factors, bottlenecks, key recurring issues and any key lessons from implementation (positive or negative)

B. Customer Service as a Guiding Supply Chain Principle

Consider the following real life situations:

- A man goes to Lilongwe bus depot to board a bus to Blantyre

- A couple goes to Banja La Mtsogolo for family planning counseling
- A prospective couple goes to MACRO for HIV testing
- A lady goes to car breaking dealer to buy a mirror for her car
- A granny carrying a child with fever goes to a village clinic for assistance

What is common among them all?

- A clear and specific need each particular person is seeking to satisfy (transport to Blantyre; family planning advice; knowledge on sero status; LA tablets to treat the fever)
- Opportunity for others to provide the required goods/service to satisfy the given need
- Significance of timeframe during which such a need has to be satisfied

So, who is a customer?

A customer may be defined as any person with a specific need who is actively seeking goods or services to satisfy that need. Customer service, therefore, encompasses a series of activities designed to facilitate a person's or an organization's ability to provide the required goods or services to satisfy a given need or expectation at the right time to the customer.

In the public health sector, any person that comes seeking treatment for any given health condition or advice on health related matters (such as family planning, HIV counseling, etc.) is a customer. In addition, in a public health supply chain, each level in the supply chain is a customer of the level above. For example:

- The Health Center is the customer of Central Medical Stores Trust from which they receive health products
- The HSA is the customer of the Health Center from which they receive health products
- The child receiving treatment from the HSA is the ultimate customer of the community health product supply chain.

In the public health sector, providing the right treatment to a patient (customer) at the right time is key to ensuring that lives are saved, peoples' health status is improved, national health care goals are met, sick people get back to productive life for the country, and that tax payers' money is justifiably spent so that the public health system maintains its credibility and relevance in the eyes of the citizenry. Customers should therefore always be at the center of everything we do anywhere – more so in the public health system!

C. Your Team Goal and Performance Targets

Each District Product Availability Team (DPAT) should have a goal to guide them towards achieving their performance targets of ensuring product availability. The goal captures what the team is striving to achieve, and the targets help the team to plan what they need to do to get there. As each DPAT is formed, they will develop a goal and performance targets for improving supply chain (SC) performance and ensuring availability of community health products at the village clinic. For example, a team may create a goal such as the following:

Within one year, all products needed by HSAs will be consistently available at all village clinics in the district to treat children who suffer from common illnesses.

While the team is responsible for achieving its goal, each member of the team is committed to working to achieve the goal and is accountable to the team.

Sample Goal Statement for a district like Ntchisi

Goal: Ntchisi District

Ntchisi DHO:

Goal:

Ntchisi district will aim at ensuring that all communities in hard to reach areas adequately access IMCI, FP,EPI and HTS services with constant supply of health products by 2021

III. Roles and Responsibilities

This SOP manual describes the logistics activities that take place at various levels of the supply chain for community health products, from the HSA to the district level, indicating the personnel responsible for doing these activities. While working together as a team, individuals of the team have the following responsibilities:

A. *Health Surveillance Assistant*

- Maintains paper-based reporting schedules as stipulated in the iCCM guideline)
- Keeps all recording and reporting instruments in good order at all times
- At the beginning of each month, counts the stock quantity of each product in their drug box
- Enters stock on hand (SOH) data of each product into cStock through SMS text message for all products registered in cStock within 2 days of the beginning of the month, before going to health facility to collect supplies
- Sends a stock out or emergency order message for each product registered in cStock that is stocked out (zero balance) or at or below the emergency order quantity
- Goes to facility to collect supplies upon confirmation of availability of products at the facility
- Reports receipt quantities of each product collected from HF to cStock application
- Reports receipt quantities of any product received from other organizations besides the government to the facility.
- Reports receipt quantities of any product transferred from another HSA on Form 1A
- Participates in monthly Health Centre Product Availability Team (HPAT) meetings at facility for review of supply chain performance targets.
- Keeps products secured as stipulated in *Health Commodity Logistics Management System at the Community Level Standard Operating Procedures*.

B. *HSA Supervisor*

- Ensures HSAs submit paper based reports as stipulated in the iCCM guideline.
- Keeps all recording and reporting instruments in good order at all times as expected
- Receives product resupply quantity information from cStock system and records in product resupply worksheet order quantities for all HSAs who have reported stock on hand
- Submits product resupply worksheet and LMIS-RIV to the health facility Pharmacy In-Charge
- In coordination with the HC Pharmacy In-Charge, picks and packs the order quantities for each HSA
- Responds to cStock on all HSAs' orders filled via return text message as per cStock SOP
- Follows up with HSAs on cStock reminders for HSA not reporting on time or confirming receipt as expected

- Responds to HSA reports of stock outs or emergency orders in a timely manner
- Reports to HC Pharmacy In-Charge and Cluster Supervisor any issues on reporting status
- Works with HC Pharmacy In-Charge and Cluster Supervisor to resolve any product stock out situations to ensure HSAs' stock out needs are responded to in a timely manner
- Reviews resupply worksheet data monthly and identifies performance issues for HPAT meeting aimed at improving HSAs performance
- Uses DPAT performance targets and cStock performance report or resupply worksheet; coordinates with HC Pharmacy In-Charge and Cluster Supervisor and facilitates monthly HPAT meetings with all HSAs to review team progress towards performance goals/targets and agree/document required actions to improve performance
- Maintains management diary, recording problems to be solved and actions to be taken
- Based on results from HPAT Meetings and cStock performance report/resupply worksheet, plans targeted supervision to HSAs that consistently demonstrates the challenges in meeting desired performance targets
- Collaborates with HF In-Charge, HC Pharmacy In-Charge and Cluster Supervisor to identify best performing HSAs for recognition, and recommend to DPAT, accordingly
- Facilitates the recognition of best performing HSAs in supply chain activities as needed
- Provides support and guidance/on the job training (OJT) as needed based on performance levels, as well as to new HSAs
- Participates in community health quarterly/biannual review meetings at district level, if applicable

C. HEALTH CENTRE PHARMACY INCHARGE

- In collaboration with Health Centre in Charge, keeps all recording and reporting documents in good order at all times as expected
- Report urgent stock issues, shortages or imbalances, at Health Centre to the District Medical Officer to resolve in a timely way
- Reviews resupply quantities for each HSA as compiled by HSA Supervisor
- In coordination with the HSA Supervisor, picks and packs the quantities of supplies for each HSA or delegates to the HSA Supervisor to pack supplies for HSAs
- Follows up with HSA Supervisor on outstanding non-reporting HSAs
- In coordination with HSA supervisor and Cluster Supervisor, plans and facilitates monthly HPAT meetings to address any performance bottlenecks and progressively move the facility towards desired DPAT performance targets
- Provides support and guidance/on the job training (OJT) as needed based on performance levels

- Collaborates with the HC In-Charge, HSA supervisor and Cluster Supervisor to award and recognizes high performing staff on supply chain activities
- Coordinates with District Pharmacy as needed to resolve any product stock outs at HF level.
- Participates in community health quarterly/biannual review meetings at district level, if applicable

D. HEALTH CENTRE IN CHARGE.

- In collaboration with Pharmacy incharge ensures that all recording and reporting documents are kept in good order at all times as expected
- chairs the HPAT
- Participates in community health quarterly/biannual review meetings at district level, if applicable
- In coordination with HSA supervisor and Cluster Supervisor, plans and facilitates monthly HPAT meetings to address any performance bottlenecks and progressively move the facility towards desired DPAT performance targets
- Report urgent stock issues, shortages or imbalances, at health facilities to the relevant District Medical officer to resolve in a timely way

E. Cluster Supervisor (or Zonal Supervisor)

- Participates in monthly facility HPAT meetings within their cluster and support HSAs and facility in moving towards desired DPAT performance targets
- Act as a link between facility HPAT and district by reporting supply chain performance issues HF's are unable to resolve to the District Program Coordinators.
- Report urgent stock issues, shortages or imbalances, at cluster health facilities to the relevant District Program Coordinators to resolve in a timely way
- Provides targeted supportive supervision and on the job training (OJT) to HSAs and HSA supervisors on supply chain related activities over and above other community based health activities
- Participates in community health quarterly/biannual review meetings at district level, if applicable
- Where possible, collect and distribute District Product Availability Team (DPAT) performance plans and monthly cStock performance reports to all facilities within own cluster, in coordination with District Program Coordinators.

F. District Program Coordinators (IMCI, Malaria, FP , EPI and HTS)

- Coordinates with HF In-Charges, HSA supervisor and Cluster Supervisors regularly to ensure paper based reports are submitted by all facilities as stipulated in the Standard Operating Procedures (SOPs)
- Keeps all reporting instruments in good order at all times as expected

- Reviews cStock dashboard at least once a week and take action on any supply chain problems/challenges as necessary
- In collaboration with DPAT members at district level, print and circulate cStock reports to team members at district level and to facilities
- Meets regularly (monthly/quarterly) with other coordinators and pharmacy staff at the district level to review product availability and other SC indicators for each community program and agree on action plan to improve performance
- Jointly develops integrated monitoring and supportive supervision plans, prioritizing facilities that demonstrate significant challenges in maintaining sufficient supplies at community level, or those having related supply chain performance challenges
- Maintains management diary, recording SC performance issues and problems to be solved and actions taken by district level DPAT
- In collaboration with the District Pharmacy in Charge, responds to stock out alerts as needed
- Provides support and guidance/on the job training (OJT) as needed based on performance
- Participates in a curriculum review workshop to review EM training material package with TOTs and program coordinators
- In collaboration with District Pharmacy in Charge, prepares performance reports from cStock outlining the community health stock issues for review by Drug and Therapeutic Committee and DHMT
- In collaboration with District Pharmacy Technician, calls for quarterly/biannual community health review meetings for HSA supervisors, cluster supervisors, health facility in Charge, pharmacy in Charge and HSAs
- In collaboration with District Pharmacy in Charge, maintains clear criteria for selection of best performing HSAs and facilities, periodically identifies best performers, and awards/recognizes high performing health center staff per criteria set
- In collaboration with District Pharmacy in Charge, reports any system issues from the users in the District to the System Administrator.

G. District Pharmacy in Charge

- Keeps all recording and reporting documents in good order at all times as expected.
- Enters data into LMIS database and reviews LMIS for all facilities in the district monthly
- In coordination with the District Program Coordinators, reviews the cStock dashboard at least once a week and respond to alerts and stock outs as necessary
- Coordinates with District Program Coordinators and Cluster Supervisors and conducts DPAT meetings quarterly to assess performance progress across programs, bottlenecks, and agree on improvement plan
- In collaboration with the District Program Coordinators, responds to stock out alerts from cStock as needed

- In collaboration with District Program Coordinators, follows up with health facilities for poor performing HSAs
- Provides support and guidance/OJT as needed based on performance
- In collaboration with District Program Coordinators, presents community health product issues to DTC and liaise with DHMT on an ongoing basis
- Works with Program Coordinators in identifying best performing HSAs and facilities for purposes of recognizing them and supports recognition process as needed
- Participates in quarterly/biannual community health review meetings.

H. Drug and Therapeutic Committee (DTC)

- Reviews District stock status from cStock and identify frequently stocked out medicines and products with low stocks.
- Decide how much to procure to restock the stocked out medicines as well as finding mechanisms to mitigate recurrence of the stock outs.
- Identifies main bottlenecks to product availability in the district and develop a plan to proactively address the bottlenecks and shares with DHMT

I. District Health Management Team (DHMT)

- Reviews consolidated stock status reports provided by a DPAT representative (via DTC) and discuss how to address and mitigate against widespread stock shortages either in the short term or over the long term to ensure continuous availability of products for the different community health programs.
- Review recommendations as reported by the DTC or program representatives and act as necessary
- Supervises effective implementation of the EM package and ensures different program coordinators are following up on their program specific supply chain issues and needs
- Acts as champion at district level to ensure EM package and use of data for program monitoring and management is mainstreamed as essential component of Program Coordinators' tool box
- Acts as champion for promotion of the EM package to ensure benefits of team approach are adequately exploited to benefit other sections of program management beyond supply chain
- Mainstreams DPAT implementation monitoring at HF as a core element of DHMT field monitoring focus.
- Periodically review cStock dashboard to monitor district community supply chain performance
- Recognizes well performing DPAT members and supports the district recognition plan

J. National Program Logistics officers (IMCI, NMCP, HIV, EPI RHD)

- Reviews cStock dashboard at least once a week and identifies any product availability challenges specific to own program
- Develops an action plan on addressing product availability challenges and coordinates with district program coordinators to resolve issues
- Follows up with Districts Program Coordinators on any specific bottlenecks specific to the programs
- Provides monthly updates to Program Managers at central MOH level on status and challenges affecting program's supply chain (especially product availability), and proposed solutions
- In collaboration with the Senior Logistics Officer (HTSS), identifies and recognizes high performing districts on supply chain activities in own program
- Acts as program focal person for purposes of advocating with MOH central level and partners on any supply chain specific challenges being faced at implementation level and what specific support may be needed
- Identifies capacity gaps among District Program Coordinators and District Pharmacy Incharges in using cStock and monitoring performance and conduct on-the-job training (OJT) as necessary to build their capacity
- Receives feedback from districts and reviews system issues, including finding solutions to the problems
- In collaboration with the System Administrator, resolves any reported system issues and provides feedback to districts as needed
- Facilitates with the System Administrator to get access codes to stakeholders implementing activities at community level
- Provides targeted supportive supervision to districts implementing the interventions, and identifies any capacity gaps that need action
- Reports any system issues from the users in the district to the System Administrator
- Uses cStock data as one data source for quantification updates and new forecasts.

K. Senior Logistics Officer

- Reviews the cStock dashboard at least once a week and review national level performance to:
 - Monitor specific supply chain system performance indicators on a monthly basis (lead time, reporting rates and completeness, stock status, order fill rates, emergency orders, etc.)
 - Identify best performing districts and least performing districts, and provide supervision to districts coordinators and PT identify drivers or facilities contributing to poor performance
 - Coordinate with national program logistics officers to develop improvement plan and monitor progress of implementation
- In collaboration with the System Administrator, follows up on unresolved system issues as reported from districts through national program logistics officers
- Uses the group message feature in cStock to recognize good performance, provide instructions and communicate issues to users as needed

- Coordinates any system orientation to different stakeholders within the MOH
- Looks at cStock data vis á vis supply chain data from other systems (e.g. eLMIS when deployed) to validate and improve community level product availability and/or SC performance
- Reviews and analyzes cStock data as part of routine national forecasting, quantification, resource mobilization exercises to enable Senior Managers within HTSS to make more informed procurement decisions.

L. cStock System Administrator

- Compiles reports of system issues from coordinators, resolves any issues that can be handled and escalates serious/unresolved issues to the software developers
- Performs cStock system technical reviews, including frequent error logs, to identify any technical or SOP compliance issues affecting data quality
- Creates and provides user access codes into cStock, and manage user password directory for system integrity
- Coordinates with district program coordinators to collect information on any planned large scale staff ‘movements’ across facilities/roles in the districts, and tracks such movements to ensure they are reflected in the database with corresponding changes in roles/duty stations
- Manages and maintains integrity of database through deactivation of non-functional users where necessary, but also reinforces use of the SOP regarding leaving or changing roles and duty stations in the system
- Monitors system connectivity at least once a week and coordinates with telecommunication companies (telco) where necessary to improve connectivity
- Coordinates with and manages telecommunication cStock bills on short code fees and SMS traffic costs
- Coordinates with software developers on any system technical issues for rectification
- Manages system contracts with various service providers (telecommunication companies, software developers, hosting companies), including timely renewals/extensions where necessary
- Participates in discussions to do with any system upgrade needs from MOH or any expansion of system mandate as needed.

M. Director of HTSS Pharmaceuticals

- Acts as the lead ‘owner’ and champion at MOH senior level for purposes of promoting successful implementation of the entire EM package, with cStock, in all districts
- Takes leadership in promoting the EM package, with cStock, among Senior MOH Managers/Directors as well as other major stakeholders outside MOH whose support is needed to secure long term financing of cStock in national budget
- Based on advice from Program Logistics Officers, recognizes best performing districts in relevant forum such as Zonal Meetings, DHMT Meetings, Senior Management Meetings and other such relevant meetings

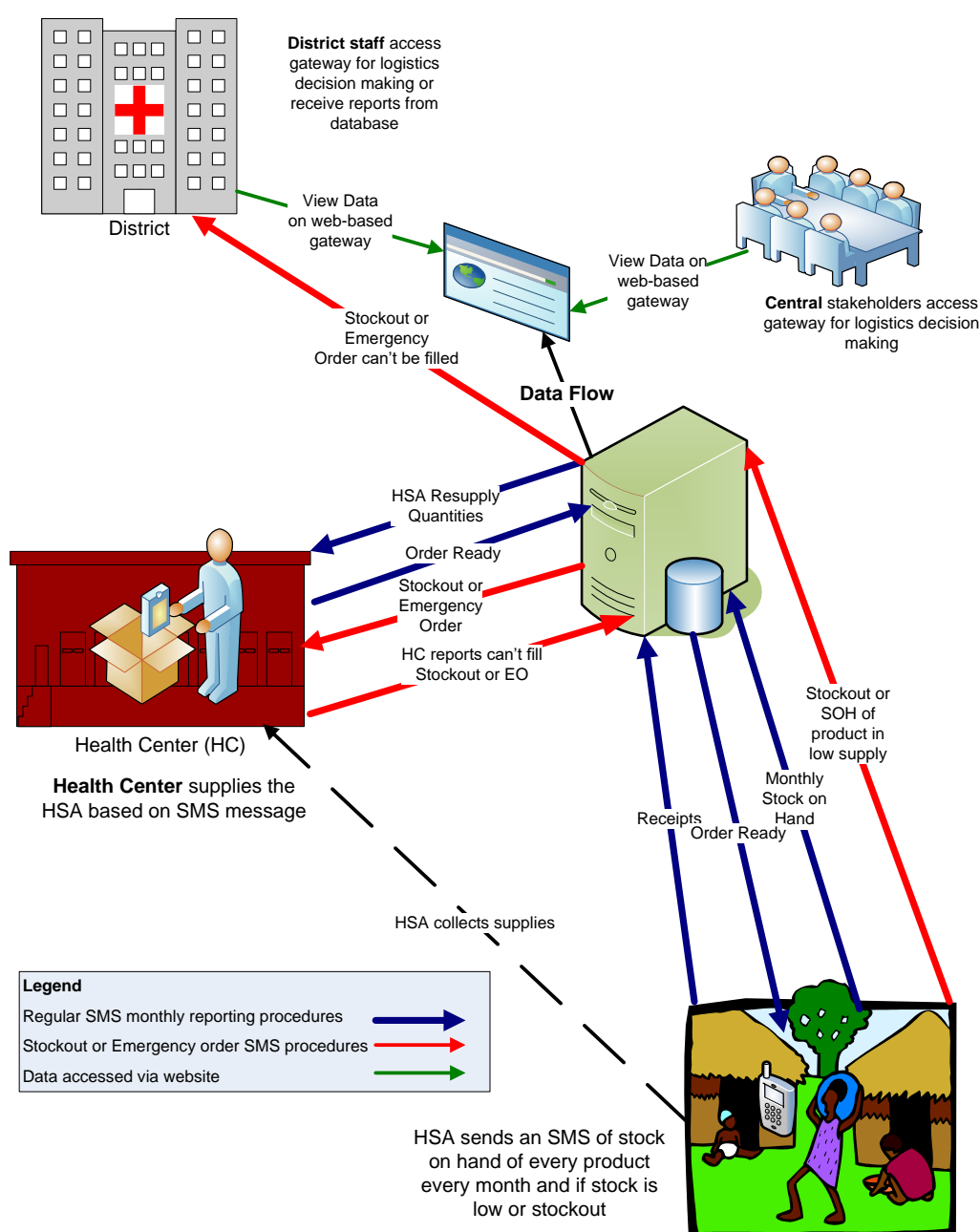
- Provides leadership in promoting the use of cStock data for community program supply chain decision making and proactive planning/budgeting and informing procurement of community health products
- Provides leadership in promoting joint ownership and broader support across different MOH programs and directorates (IMCI, NMCP, HIV , EPI, RHD, CMED) as well as partners to secure long term ownership and sustainability
- Identifies additional opportunities where the concept of team approach and shared goals and performance targets can equally be applied to improve broader MOH supply chain performance
- Periodically engages with DHMTs in districts to ensure adequate support for successful implementation of the EM package and cStock.

IV. Information Flow and Product Resupply

A. Overview of Information Flow and Product Resupply

In addition to the creation of District Product Availability Teams, the Enhanced Management Approach introduces the use of cStock, an automated information system that includes transmission of logistics information via mobile phone text messaging (short message service, SMS) to a computer application that responds with information for product resupply, displays product information on a web-based dashboard, and produces reports that can be used by DPATs to monitor community health product availability and performance of the team in ensuring product availability. As well, cStock can remind users to report, and “nags” them should they delay in reporting.

The cStock information flow and product resupply for the Enhanced Management Approach is illustrated in the diagram below.



Supplies at the facility level will be received the normal way they have been handled in the past. Once health products arrive at the facility, the pharmacy in-charge will enter the stock on stock card before dispensing to clients or issuing to other outlets. The stock card maintains the historical transactions of products in and out of the pharmacy; this is strongly encouraged to be adhered to at all times.

The HSA collects products after he has sent a SMS text message with stock on hand data, and has received confirmation that the supplies are ready for collection at the facility. This does not replace the paper based reporting. The HSAs are then required to confirm receipt of the supplies by sending data on the quantity received via a SMS text message to the cStock application. Products directly supplied by organizations other than the government to the HSAs should be returned to the district pharmacy according to donations policy.

The routine information flow and product resupply is summarized as follows:

- On the 1st or 2nd day of each month, the HSA sends stock on hand information for all products managed by mobile phone SMS to cStock.
- cStock calculates the quantity of each product required to bring the Village Clinic stock levels to maximum stock level.
- cStock transmits an SMS message to the HSA Supervisor with the resupply quantities for the HSA.
- HSA Supervisor enters data into a resupply quantity worksheet.
- HSA Supervisor and pharmacy In-Charge pick and pack the resupply quantities using the worksheet and send an SMS message to cStock indicating that the products are ready for pick up.
- cStock sends SMS message to HSA that products are ready for pick up.
- HSA travels to Health Center, picks up products, and sends quantities of products received by SMS message to cStock.

Specific instructions on completing each step in the routine information flow and product resupply are found below in this chapter.

In addition, procedures for recognizing and responding to low stock (emergency order) levels and stock outs using cStock are found below. In the case of stock outs, or unresolved emergency orders, cStock sends alerts by SMS to the District Program Coordinators and the District Pharmacy in Charge who may be able to assist in addressing the situation.

The cStock dashboard and reports can be used by the District Product Availability Teams to monitor product availability at the Village Clinic, identify potential supply problems at health center, and recognize team performance in following reporting and resupply procedures and achieving product availability goals. Specific information on the cStock dashboard and the use of reports can be found in Chapter V.

B. Registering onto, and De-Registering (Leaving) cStock

In order to send and receive information through cStock, each user (HSA, Health Center and District staff) needs to be registered with the application. In addition, should any of the health staff no longer need to be a user of cStock, that person needs to de-register or leave the system. The procedures for registering and de-registering (leaving) can be found below.

Before registering in the system, each user will be instructed during training as to how to add cStock to their mobile telephone contact list with the appropriate short code for their telephone service provider.

C. Using A Mobile Phone That Is Not Yours

Whenever possible it is important to use your own phone for reporting and receiving information as the cStock system identifies your identification number and your facility with your mobile phone number. However, you may use the mobile phone of another registered cStock user should your phone not be in working order. Generally this can be done by using the keyword “report” followed by your identification number followed by the normal SMS message. The one exception is that you cannot register or deregister on cStock from another phone. Instructions for doing each of the tasks using another registered phone are found in the job aids below.

1. Registering onto cStock

Registering onto cStock		
<p>When: When you first start using cStock, usually during training</p> <p>Who: HSA, HSA Supervisor, Health Center pharmacy In-Charge, District Program Coordinators, and District Pharmacy in Charge</p> <p>What You Need: Your mobile phone, list of parent facility codes</p> <p><i>Note: If your mobile phone is not working or available, you cannot register on cStock. Register at a different time when your phone is working and available.</i></p>		
1	Type cStock into the “To” line of the text message. Or find “cStock” in your contacts.	
2a.	If you are an HSA...	<p>Type the following into the text message in your mobile phone:</p> <p>Register[space][first name][space][last name][space][id][space][parent facility code]</p> <p>For example, register John Smith 1 1001</p>
2b.	If you are an HSA Supervisor, Health Center pharmacy In-Charge, District Program Coordinators, or District Pharmacy incharge...	<p>Type the following into the text message in your mobile phone:</p> <p>Manage[space][first name][space][last name][space][role][space][parent facility code]</p> <p>For example, manage John Smith ic 1001</p>
<p>Notes:</p> <ul style="list-style-type: none"> • Be sure to put a space between each part of the message • Enter your first and last name; you can use either capital or small letters. Whatever you type for your name is how cStock will address you in messages. • The id number will be assigned by the HSA Supervisor when you register. HSAs will be given numbers starting with 1, and continuing in sequence. Once registered, cstock will assign you a six digit ID which you will be using thereafter. • If you are a manager, your role is one of the following and you should use the role code for your position: <ul style="list-style-type: none"> - Senior HSA or HSA Supervisor: sh 		

	<ul style="list-style-type: none"> - Health Center pharmacy In-Charge: ic - District Pharmacy in Charge: dp - District IMCI Coordinator or Focal Person: im • The parent facility code can be found in Annex A. The first two digits are the district code; the second two digits are facility code. District personnel, such as the District Pharmacy in Charge or IMCI Focal Person only need to use the two number district codes, since they are not associated with one facility.
3	Send the message.
4	If you successfully registered, you will get the following message "Congratulations [your name], you have been registered for the cStock system. Your facility is [facility name] and your role is: [role]."
5	<p>If you did not successfully register, you will get the following message if you are an HSA</p> <p>"Sorry, I didn't understand. To register, send register[space][first name][space][last name][space][id][space][facility]. Example: 'register john smith 1 1001'"</p> <p>Or if you are a manager</p> <p>"Sorry, I didn't understand. To register, send manage[space][first name][space][last name][space][role][space][facility]. Example: 'register john smith ic 1001'" or a message with more information about the problem. Try registering again.</p> <p><i>Note: If the inbox on your phone is full, you will not receive messages from cStock. Regularly delete old messages to make room in your inbox.</i></p>

2. Associating Products with Individual HSAs

In order to determine if an HSA is reporting on and receiving all the community health products she manages, each HSA must indicate which products he/she manages after registering on cStock. For example, if Mary Banda is managing seven products (ORS, LA 1x6, LA 2x6, Amoxicillin, Rectal artesunate, mRDT and zinc), then the cStock system should be set up to associate Mary with these products, and not more or other products. Should Mary be trained and given additional products to manage, then these products should be added to her list of products, as well. Or if she stops managing a product, then it needs to be removed from Mary's list of products.

Each product has a unique product code which identifies it in cStock. These product codes are also used when reporting stock on hand and receipts. The list of products codes can be found as Annex B and the instructions for associating and disassociating products with an HSA are found below.

Associating Products /Disassociating Products with Individual HSAs

When: When an HSA registers on cStock; when an HSA begins managing a new product or stops managing a product

Who: HSA

What You Need: Your mobile phone, list of product codes

Note: You need to be registered in cStock before you can add products to your list of products. Complete registration first and then send a separate message to associate products.

A. Associating Products	
1	Type cStock into the “To” line of the text message. Or find “cStock” in your contacts.
2	In order for cStock to know what products you manage, type the code for each product you manage into a text message using the following format: ADD [space][product code][space][product code][space][product code] For example, to report that you manage LA 1x6, LA 2x6, zinc, Amoxicillin, MRDT, Rectal Artesunate, Paracetamol: ADD LA LB ZI AM MRDT RA PA
3	Send the message.
4	If you have successfully added products, you will get the message: "Thank you, you now supply: (products)"
	<i>Note: If you start managing more products, follow the procedure above for the new products.</i>
If you stop managing any products, follow the procedure below.	
B. Disassociating Products	
1	To remove a product that you no longer manage, type the following into the text message in your mobile phone: REMOVE [space][product code][space][product code][space][product code] For example, to report you no longer manage LA 1x6, LA 2x6, Zinc, Amoxicillin, MRDT, Rectal Artesunate, Paracetamol: REMOVE LA LB ZI AM MRDT RA PA
2	Send the message.
3	If you have successfully removed products, you will get the message: "Done. You now supply: (products)"

3. De-Registering from cStock

If at any time a registered user is no longer managing community health products or involved in the resupply or supervision of those that do, the user should de-register or leave the cStock system. The procedure for de-registering from the system follows:

De-Registering from cStock	
When: When no longer managing, resupplying or supervising the management of community health products	
Who: Any registered user of cStock	
What You Need: Your mobile phone	
<i>Note: If someone is no longer using cStock, but has forgotten to leave the system, please contact the System Administrator.</i>	
1	Type cStock into the “To” line of the text message. Or find “cStock” in your contacts.
2	Type the word, Leave.
3	Send the message.
4	If you have successfully de-registered, you will receive the message "You have successfully left the cStock system. Goodbye!"

D. Basic Data Exchange and Product Flow

1. HSA Reports Stock on Hand

HSA Reports Stock on Hand	
When: At the end of each month, within 2 days after the end of the month, before going to the Health Center to pick up your community health products	
Who: HSA	
What You Need: Your mobile phone, list of product codes	
1	Type cStock into the "To" line of the text message. Or find "cStock" in your contacts.
2	Count the quantity of each of the health products you have in your drug box.
Normal Procedure:	
3	<p>Enter the quantity of each product counted using SMS in this format: SOH[space][product code][space][quantity][space][product code for product 2][space][quantity], etc . For example, to report stock on hand of 10 tablets of zinc and 20 tablets of paracetamol: SOH ZI 10 PA 20</p> <p><i>Note: For cotton wool and surgical spirit, given that it is difficult to estimate the quantity on hand, if you have sufficient quantity for the coming month, type 2, if you have insufficient quantity for the coming month, type 1.</i></p> <p>VERY IMPORTANT!: When typing the number 0 (zero) into an SMS message, be sure to type the number 0 (zero); do NOT use the letter O for zero. Be sure to report on all the products you manage!</p>
4	Send the message.
5	<p>If the message was received successfully, you will receive this SMS message "Thank you; you reported stock for (products). The health center has been notified and you will receive a message when products are ready."</p> <p>If based on reported stock levels, no additional products will be needed, the message will read "Thank you (contact), you reported stock for (products). Right now you do not need any products resupplied."</p>
If Your Phone is Not Working or Not Available:	
	<ul style="list-style-type: none"> Please use another mobile phone that is registered on cStock. If reporting stock on hand while using another registered user's phone, send an SMS in this format and put your id number in the [hsa id]: Report[space][hsa id][space]soh[space][product code][space][quantity][product code][space][quantity]. - [hsa id] includes the parent facility code [FFFF] and the two digit HSA id number [HH]. For example, an [hsa id] number could look like this 100101.

The cStock system will send reminders to the HSA to report stock on hand by SMS message. These reminders, also called "nags", will arrive:

- 1 days before stock on hand information is due and will say "Dear HSA, your stock on hand report is due in 2 days. To report stock on hand, send SOH [space] [product code][space] [amount]."

- On the day the stock on hand is due if no report is received and will say "Dear HSA, you have not reported your stock on hand this month. To report stock on hand, send SOH [space] [product code][space] [amount]."
- 1 day after the stock on hand is due if no report is received and will say "Dear HSA, you must report your stock on hand. Your supervisor has been notified. To report stock on hand, send SOH [space] [product code][space] [amount]."; This nag also will be sent to the HSA Supervisor and Drug Store In-Charge for follow-up and will say "HSA (name) has failed to report their stock on hand this month."

2. **Health Center Receives Resupply Quantity, Prepares Orders, Notifies Order Ready**

After HSAs have reported the stock on hand of each product, cStock will calculate the quantities of each community health product the HSA requires to bring Village Clinic stock levels up to the maximum stock level. This information is sent by cStock by SMS message to the HSA Supervisor and the Health Center Drug Store In-Charge. To organize the information and make it easily available for picking and packing the order, the HSA Supervisor should maintain a Resupply Quantity Worksheet in a copy book or ledger. This is especially important since a Health Center has more than one HSA, so several resupply messages will be received.

Each month, the HSA Supervisor should draw a resupply worksheet as illustrated in Annex C to note quantities required of each community health product, for each HSA. In addition to helping with preparation of the order, the worksheet will help the Health Center see who has and who has not reported, and also make and take several supply chain performance related decisions and actions to improve product availability at community level.

While normally the HSA Supervisor will maintain the worksheet, should he or she be away the Drug Store In-Charge will be responsible for his or her duties related to HSA resupply. It is the responsibility of the Cluster supervisors to monitor and reinforce proper use of the resupply worksheet at their facilities of responsibility for the success of the intervention. The resupply worksheet should be set up the following way in a hardcover book.

Facility Resupply Worksheet

Number of HSAs managing Village Clinics:.....

HSA Name	HSA Code	Status Request/ Supplied	Date requested/ Responded	LA	MRDT	PA	OR	Date collected	Signature
Annie Phiri	120301	Request	2/6/2013	200	50	845	-		
Annie Phiri	120301	Supplied	8/6/2013	180	50	1000	0	10/6/2013	
James Ndulu	120302	Request	4/6/2013	35	25	250	26		
James Ndulu	120302	Supplied	8/6/2013	180	100	500	0	15/6/2013	

Legend:

-	Not reported
0	Does not need to be resupplied or was not resupplied on this product
NA	Not associated with that product

After receiving an SMS message from cStock, the HSA Supervisor, working in coordination with the HC Drug Store In-Charge, should follow these procedures:

<p>Health Center Receives Resupply Information, Prepares Orders, Notifies Order Ready</p> <p>When: After receiving an SMS message with the quantities of products to resupply the HSA</p> <p>Who: HSA Supervisor, in coordination with Health Center Drug Store In-Charge</p> <p>What You Need: Your mobile phone, copy book or ledger</p>	
1a	<p>Normal Procedure:</p> <p>You will receive a message from cStock that is similar to this:</p> <p>"[HSA name] needs the following products: [products] [quantity] [products] [quantity]... Respond, ready [HSA_id] when products are ready for pick up."</p> <p>For example, Doris Banda needs the following products: LA 60 MRDT 50 OR 20 AM 100. Respond, ready 100101, when products are ready.</p> <p><i>Note: In the case that an HSA reports stock on hand and no additional products are needed, the HSA Supervisor and Drug Store In-Charge will receive the following message:</i></p> <p><i>"(HSA) has submitted a stock report, but there is nothing to be filled. You do not need to do anything."</i></p>
1b	<p>If stock on hand reported using another phone:</p> <p>If the HSA has reported stock on hand using a phone other than her own, cStock will send the following message</p> <p>"[HSA name] needs the following products: [products] [quantity] [products] [quantity]... Respond, ready [HSA_id] when products are ready for pick up."</p>
2	<p>Write the information from the SMS message into the Resupply Worksheet by recording the following information:</p> <ul style="list-style-type: none"> - Name – HSA name - HSA Code – Record the cStock code for that HSA which is in the message - Status Request/Supplied – write request - Date Requested/ Responded – write the date you received the request message - Product Codes – under each product code write the amount requested in the message, for products not listed in message write "NR" - Date collected – leave this column blank - Signature – sign the row
3	Use the worksheet to assemble the order.
4	<p>Once the order is complete write the following information in the Resupply Worksheet under the request line:</p> <ul style="list-style-type: none"> - Name – HSA name - HSA Code – Record the cStock code for that HSA which is in the message - Status Request/Supplied – write supplied - Date Requested/ Responded – write the date you assembled the order - Product Codes – under each product code write the amount supplied, for products not required write "NR" - Date collected – leave this column blank until the HSA comes to collect the supplies - Signature – sign the row

Once the order is ready, (If the Health Center can supply one or more products)	
4	Type cStock into the "To" line of the text message. Or find "cStock" in your contacts.
5	Type " Ready [space][hsa id]" For example, "Ready 100101" for HSA 100101.
6	Send the SMS message.
7	If the message is successfully received you will receive the following confirmation message: "Thank you for confirming order for (hsa)."
If the Health Center <u>cannot supply ANY of the products needed</u> ,	
8	Type " OS [hsa id]" For example, "OS 100101"
9	Send the SMS message
10	<p>The HSA Supervisor and pharmacyIn-Charge will receive the following message after reporting that the Health Center cannot fill the order</p> <p>"Thank you. You have reported that you are not able to resupply any of the following products: (products). Please contact the District office to resolve this issue."</p> <p>The HSA will receive the following SMS message</p> <p>Dear (hsa), the Health Center is not able to resupply any of the products you need. The HSA Supervisor will work with the District to resolve this issue in a timely manner."</p> <p>The District Program Coordinators and District Pharmacy incharge will receive the following SMS message: "(contact) has reported (supply point) is not able to resupply any of the following (products). Please work with the HSA Supervisor to resolve this issue."</p> <p><i>NOTE: cStock is deliberately designed to track the level of urgency / responsiveness by HF In-Charge or HSA supervisor in responding to HSAs' orders. The goal is to keep HF responsiveness to no more than 2 days after receiving re-supply quantities. It should be noted that HF performance will be measured, in part, by the length of time it take the HF to respond to cStock orders from the moment they are received!</i></p>
Complete Resupply Worksheet After HSA Receives Resupply Quantity	
11	<p>Once the HSA collects their supplies write the date under the column</p> <p>"Date collected" and have the HSA sign the row on the resupply worksheet next to the HSA supervisor's signature.</p>

3. HSA Receives Resupply and Reports Quantity Received from Health Center

HSA Receives Resupply and Reports Quantity Received from Health Center	
When: After receiving a resupply of community health products from the Health Center	
Who: HSA	
What You Need: Your mobile phone and list of product codes	
1	When your order is ready for pick up at the Health Center, you will receive the following SMS message: "Dear (hsa), your pending order is ready for pick up."
2	Go to the Health Center to pick up the products. After receiving the products, do the next step below to confirm receipt of the products.
3	Type cStock into the "To" line of the text message. Or find "cStock" in your contacts.
Normal Procedure:	
4	Enter the quantity of the product received using SMS in this format: rec[space][product code][space][quantity][space][product code][space][quantity] For example, to report receipt of 60 tablets of LA 1X6, 48 tablets of LA 2X6, 20 sachets of ORS, 40 tablets of Amoxicilline: rec LA 60 MRDT 50 OR 20 AM 100
5	Send the SMS message.
6	If the message was received successfully, you will receive this SMS message: "Thank you, you reported receipts for (products)."
If Your Phone is Not Working or Available:	
	<ul style="list-style-type: none"> Report receipt of product using another registered user's phone. Send an SMS in this format and put the id number in the [hsa id] of the HSA who received the product: Report[space][hsa id][space]rec[space][product code][space][quantity][space][product code][space][quantity] If done successfully you will receive the following message: Thank you (reporter). You reported the following receipts for (hsa): (products)" <p><i>NOTE: cStock is deliberately designed to track the level of urgency / responsiveness by HSAs in collecting the products once they are notified that products are ready for collection. The goal is to ensure that HSAs collect and report a receipt to cStock within two days following notification that their order is ready for pick up. HSAs' performance will be measured, in part, by the length of time it takes the HSA to collect products and report a receipt to cStock from the moment they are notified of products being ready for pick up!</i></p>

The cStock system will send a reminder to the HSA if she has not reported quantity received by SMS message:

- 2 days after the order “Ready” message has been sent to the HSA. The message will say: "Dear (hsa), please pick up your products. If you've already done so, text 'rec [code] [amount] [code] [amount]..."
- 5 days after the order "Ready" has been sent to the HSA; in addition a message will be sent to the HSA Supervisor and the pharmacy In-Charge. The message to the HSA will say: “Dear (hsa), you must confirm receipt of your products. Please do so immediately. Your supervisor has been notified.” The message to the supervisor will say: “(hsa) has a fulfilled stock request they have not yet picked up.”

4. HSA Reports Quantity Transferred between HSAs

HSA Reports Quantity Transferred between HSAs	
When: Any time an HSA gives community health products to another HSA	
Who: HSA	
What You Need: Your mobile phone and the list of product codes	
1	Type cStock into the “To” line of the text message. Or find “cStock” in your contacts.
Normal Procedure:	
2	<p>The HSA who is giving the product to another HSA should type a message in the following format:</p> <p>GIVE[space][receiving hsa id][space][product code][space][quantity],</p> <p>For example: 'give 100101 zi 20'</p> <p>The [hsa id] is the id of the HSA receiving the product.</p>
3a	<p>If done correctly, the HSA sending the message and giving the product will receive a SMS message that reads</p> <p>"Thank you (giver). You have reported a transfer from (giver) to (receiver) of the following products: (products)"</p>
3b	<p>If done correctly, the HSA receiving the product will receive an SMS message that reads</p> <p>"Confirm receipt of (products) from (giver)? Please respond 'confirm'"</p> <p>Include option for HSA to say “No rec” when he/she has not received or specify quantities received when quantities presented in text message are not correct.</p>
4	The HSA receiving the products should type and send in the response the word, “confirm”.
5	<p>The HSA receiving the products will receive an SMS message in response to the confirm that reads:</p> <p>"Thank you (receiver). You have confirmed receipt of the following products: (products)"</p>
If Your Phone is Not Working or Available:	
	<ul style="list-style-type: none"> • Report a stock transfer using another registered user’s phone, using SMS in this format: <p>Report[space][hsa id of the giving HSA][space]GIVE [space][hsa id of receiving</p>

	<p>HSA][space][product code][space][quantity]</p> <ul style="list-style-type: none"> You will receive the following message <p>"Thank you (reporter). You have reported a transfer from (giver) to (receiver) of the following products: (products)"</p>
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E. Low Stock (Emergency Order) Data Exchange and Product Flow

Because the goal of any supply chain is to ensure that products are always available when needed, the Enhanced Management approach includes procedures for addressing low stock levels of community health products.

At any time that the HSA sees that the stock level of any of the products listed in the following table are at or below the emergency order quantities indicated, the HSA should immediately send by SMS the stock quantities *for all products*.

If the product that is at the emergency order level is available, the HSA Supervisor will send an SMS message to inform the HSA that the product is available for the HSA to pick up. If the facility is unable to resupply that product, the supervisor will send an OS SMS message to the system and cStock will send the feedback to the HSA and to the District Program Coordinators and District Pharmacy in Charge. The District Program Coordinators and the District Pharmacy in Charge can assess the situation using the cStock computer dashboard and supply chain manager software to find out where there are overstocks of products which could be pulled and be directed to facilities and HSAs with low or no stocks.

Emergency Order Point (EOP) in quantity for HSA products

Product	Units	EOP Quantity
LA 1 x 6	Tablet	36
LA 2 x 6	Tablet	72
Paracetamol 500mg	Tablet	36
ORS	Sachet	12
Amoxicillin 250mg	Tablet	120
MRDT	Test kit	25
Zinc 20mg	Tablet	60
Rectal Artesunate	suppository	4
DMPA	Vial	6
Condom-Male	Piece	60
Condom-Female	Piece	60

1. HSA Reports Emergency Order/Follow-Up Actions

HSA Reports Emergency Order/Follow-Up Actions	
When: Any time any of the products on the Emergency Order Point table are at or below the EOP quantity indicated for the product	
Who: HSA, HSA Supervisor, District Program Coordinators, District Pharmacy in Charge	
What You Need: Your mobile phone and list of product codes	
1	Type cStock into the "To" line of the text message.
2	Count the quantity of each of the health products you have in your drug box.
3a	<p>Normal Procedure:</p> <p>Enter the quantity of each product counted using SMS in this format: EO[space][product code][space][quantity][space][product code] [space][quantity], etc. <i>This is the same procedure as sending the routine stock on hand report, except instead of beginning with soh, this message begins with eo.</i></p>
3b	<p>If emergency order stock on hand reported using another phone:</p> <p>Use another registered user's phone to report emergency order product and other product stock on hand, using SMS in this format and put your id number in the [hsa id]: Report[space][hsa id][space]eo[space][product code][space][quantity][space][product code][space][quantity].</p>
4	<p>After sending the SMS of the stock quantities of products at the emergency order quantity and the stock on hand of the other products, the HSA Supervisor and pharmacy In-Charge will receive the following SMS message,</p> <p>"(hsa) needs emergency products: (emergency_products), also: (other_products)s. Respond 'ready (hsa_id) or 'os (hsa_id)'"</p> <p>If no additional products are needed, besides the emergency product, then the following message will be received,</p> <p>(hsa) needs emergency products: (emergency order product). Respond 'ready (hsa_id) or 'os (hsa_id)'"</p> <p>The HSA will receive the following message,</p> <p>"We have received your emergency order for (products)s and the health center has been notified. You will be notified when your products are available to pick up."</p>
If the Health Center can resupply the HSA with some or the total quantity of the emergency order product, then	
5	<p>The HSA Supervisor should work with the pharmacy In-Charge to pick and pack the emergency order product and any other products that can be supplied.</p> <p>When the order is ready for pick up the HSA Supervisor should type: "Ready[space][hsa id]"</p>
6	In the same manner as a routine order, the HSA will receive notice that the order is ready to pick up and should confirm the product and quantity received by SMS

	message.
7	Follow procedures for receiving and reporting resupply.
If the Health Center CANNOT resupply any quantity of the emergency order product to the HSA, then	
	The HSA Supervisor should type “os[space][hsa id]” The key term “os” is used only to identify a stock out at the Health Center.
	The HSA Supervisor and HCpharmacy In-Charge will receive the following message after reporting that the Health Center cannot fill the order: “Thank you. You have reported that you are not able to resupply (EO products only). Please contact the District office to resolve this issue.” The HSA will receive the following SMS message, “Dear (hsa), the Health Center is not able to resupply (EO product only). The HSA Supervisor will work with the District to resolve this issue.” The District Program Coordinators and District Pharmacy incharge will receive the following SMS message, “(contact) reports (supplypoint) is unable to resupply (EO products only) in response to HSA EO. Work with the HSA Supervisor to resolve this issue.”
	The District IMCI Coordinator and the HSA Supervisor should work together to resolve the problem and ensure that the HSA receives sufficient quantities of the emergency order product to avoid a stock out.

F. Stock Out Data Exchange and Product Flow

The success of any program is to ensure that there are always products available to treat the customer the program serves. Stock outs should be avoided in all circumstances as the consequences in a health program can be life threatening.

If at any time the HSA experiences a stock out of any of the community health products, the HSA should immediately send by SMS the stock quantities for all products. The HSA Supervisor should take immediate action to resolve the stock out.

1. HSA Reports Stock Out/Follow-Up Actions

HSA Reports Stock Out/Follow-Up Actions	
When: Whenever there is no stock of any of the community health products managed by the HSA Who: HSA, HSA Supervisor, District IMCI Coordinator, District Pharmacy incharge What You Need: Your mobile phone and list of product codes	
1	Type cStock into the “To” line of the text message.
2	Count the quantity of each of the health products remaining in your drug box.
3a	Normal Procedure: Enter the quantity of each product counted using SMS in this format: EO[space][product code][space][quantity][space][product code] [space][quantity], etc . This is the same procedure as sending a report of an emergency order, except that

	the quantity for the product stocked out will be zero (0) .
3b	<p>If stock out reported using another phone: Use another registered user's phone to report stocked out product and other product stock on hand, using SMS in this format and put your id number in the [hsa id]: Report[space][hsa id][space]eo[space][product code][space][quantity][space][product code][space][quantity].</p>
4	<p>After sending the SMS of the stock quantities of products stocked out and other products, the HSA Supervisor and pharmacy In-Charge will receive the following SMS message, “(hsa) is stocked out of and needs: (stocked out product), and additionally: (other_products)s. Respond 'ready (hsa_id) or 'os (hsa_id)’”</p> <p>If no additional products are needed, besides the stocked out product, then the following message will be received, “(hsa) is stocked out of and needs: (stocked out product). Respond 'ready (hsa_id) or 'os (hsa_id)’”</p> <p>The HSA will receive the following message, “We have received your report of stock out of (products)s and the health center has been notified. You will be notified when your products are available to pick up.”</p>
If the Health Center can resupply the HSA with some or the total quantity of the stocked out product, then	
5	<p>The HSA Supervisor should work with the pharmacy In-Charge to pick and pack the stocked out product and any other products that can be supplied. When the order is ready for pick up the HSA Supervisor should type “Ready[space][hsa id]”</p>
6	In the same manner as a routine order, the HSA will receive notice that the order is ready to pick up and should confirm the product and quantity received by SMS message.
7	Follow procedures for receiving and reporting resupply.
If the Health Center CANNOT resupply any quantity of the stocked out product to the HSA, then	
	<p>The HSA Supervisor should type: “os[space][hsa id]” The key term “os” is used only to identify a stock out at the Health Center.</p>
	<p>The HSA Supervisor and pharmacy In-Charge will receive the following message after reporting that the Health Center cannot fill the order, “Thank you. You have reported you are not able to resupply (OS product only). Please contact the District office to resolve this issue.”</p> <p>The HSA will receive the following SMS message, “Dear (hsa), the Health Center is not able to resupply (OS product only). The HSA Supervisor will work with the District to resolve this issue”</p> <p>The District Program Coordinators and District Pharmacy incharge will receive the following SMS message, “(contact) reports (supply_point) are unable to resupply (OS product only) in response to HSA report of stock out. Please work with the HSA Supervisor to resolve this issue.”</p>

	The District IMCI Coordinator and the HSA Supervisor should work together to resolve the problem and ensure that the HSA receives sufficient quantities of the stocked out product.
--	--

The District Program Coordinators will work with the District Pharmacy incharge to use information in the cStock dashboard and supply OpenLMIS software to find out where there are overstocks of products which could be pulled and be directed to facilities and/ or HSAs with low or no stocks.

G. Handling error messages from cStock

When using the cStock SMS system, if a user sends an SMS message in the wrong format or another message that is inconsistent with the information in cStock, cStock will respond with a message that indicates an error. In most cases, this message will come with instructions with the correct format for the SMS message to be sent. If the user continues to have problems, the users should contact his or her supervisor for further instructions. Unresolved problems with cStock should be reported to the System Administrator.

If a cStock user changes her mobile phone number, this information needs to be changed in the cStock database. Please notify the System Administrator immediately if a user number changes.

V. Monitoring Team Performance at District

To ensure that community health products are always available when needed to treat patients/provide to clients for different health programs at community level, the District Product Availability Teams (DPATs) have the information from the cStock website available to help identify potential supply problems, take action before a problem occurs, and make decisions to solve problems before they occur. This information is available to the DPAT at district level through:

- cStock dashboard and reports
- SMS alerts

A. cStock Dashboard

cStock is a software application with a web-based interface that a user can use to access analyzed information entered into the cStock system by SMS. Using cStock, the District Program Coordinators and the District Pharmacy incharge can monitor:

- Stock levels of community health products of HSAs and Health Centers
- Timeliness and completeness of reporting by the HSAs
- Frequency of emergency orders and stock outs
- Discrepancies between quantities of community health products needed by HSAs and the quantities resupplied by the Health Centers
- Timeliness of resupply and receipt of community health products
- Resupply quantity required by HSAs at district and facility level
- The frequency and types of alerts
- The consumption profiles for all HSAs by district and HF level.

This information can be seen on the cStock dashboard and other screen views, and printed as reports or exported to excel for further analysis . This information can be accessed for the whole district showing all the Health Centers and HSAs in the District, by Health Center and all its associated HSAs, or by a single HSA. Registered users at the District and Central levels may access cStock using the following procedure:

1. Logging onto the cStock Dashboard

Logging onto the cStock Dashboard When: At least once a week or more frequently Who: District on behalf of the District Product Availability Team, Central MOH Staff What You Need: Computer with Internet Access <i>Note: In order to log into cStock you need to be an authorized user. Please contact the cStock Administrator to receive your system user name and password.</i>	
1	Type the following internet address into your browser: cstockjsi.com. <i>Note: cStock can be accessed using Mozilla Firefox or Google Chrome browsers only. If you do not have those browsers, they can be downloaded from the internet or contact the System Administrator.</i>
2	Enter your user name and password into the log in screen and click on the login button. Now you are in the system. If the information is not correct the login screen will display with error message, “Oops. Your username and password didn’t match. Please try again.” If you have forgotten your password, click on the “Reset it here” message under the login.
3	When leaving the system there is no need to log out. Simply close the system screen.

After logging into cStock, the user will see three navigation views and eight report navigation links arranged at the top of the cStock screen through which to access information. The three views which organize information are Dashboard, Health facilities and HSAs. In addition, on the top row the user will also find a tab on User Profiles and User’s Manual and contact information for help under the Help Tab of the cStock screen.

The eight reports displayed as a second row of links under the dashboard are:

1. Reporting Rate
2. Stock Status
3. Consumption Profiles
4. Alert Summary
5. Resupply Quantities Required
6. Lead Times
7. Order Fill Rate
8. Emergency Orders

In addition to the navigation links, cStock has a static table which appears on the right on all Screens and shows, the Current National Picture, which provides current information on:

- The number of districts, health facilities and HSAs registered in cStock
- The national HSA reporting rate
- Products managed by HSAs and % of HSAs stocked out on each of the products

Information in each view and its use is described below.

2. **cStock Dashboard**

In one easy-to-view screen, the dashboard provides the District Pharmacy incharge and District Program Coordinators a snapshot of immediate supply chain problems through alerts, indicates the status and completeness of reporting from all HSAs in the District and shows the availability of stock in the District.

To choose the district information to be viewed, the user can use the “Select a Site” drop down menu, and click the Go! button. The user can also view this information by individual facility by selecting a specific facility in the same drop down menu.

The dashboard displays the following information for the current month:

- **Stock out rates:** shows data on % HSAs with at least one stock out product per responsibility centre (district, or HC)
- **Current Alerts:** Identify supply problems that require immediate action.
- **Reporting Rates:** Indicate % of HSAs reporting SOH data either by district or HF
- **Reporting Completeness:** Indicates the % of HSAs who have reported on all the products which they manage
- **Stock status:** Shows how well HSAs are maintaining adequate stock

The dashboard provides the DPAT with a summary of supply chain performance that can be used to quickly identify key issues in their district for that month. However to get information on the past quarter to determine progress across district targets the District Pharmacy incharge and District Program Coordinators will need to refer to the report tabs (second row of tabs on cStock). Guidance on these other reports in cStock please refer to your district copy of the *Standard Operating Procedures for Central and District Level Managers* or the User’s Manual found in the help section on the cStock website.

3. **User Profiles Tab**

By selecting to the user profile tab, the user can choose view user contact information and details for all districts in the country, facilities in the selected district or all HSAs in the selected facility.

4. **Help Tab**

By selecting the Help tab, the user can find contact information for the cStock system administrators and the user manual which provides information on how to navigate and use cStock. Should you have a problem with cStock, please contact the system administrators.

B. **cStock Nags and Alerts**

cStock will notify District staff when a supply problem that requires urgent attention has occurred through an SMS alert and through alerts on the dashboard.

1. **Alert Messages**

Two SMS messages will be sent to all District Program Coordinators and to the District Pharmacy incharge every two weeks that give a summary of two potential supply chain issues that may require attention. The two alerts are:

1. "% of HSAs in your district that have EOs that HC cannot resupply- visit the dashboard"
2. "% of HSAs in your district are stocked out- pls visit the dashboard"

The two alert messages are designed to make the District Program Coordinators and the District Pharmacy incharge aware that there are SC issues at the community level and to remind them to go into the dashboard to locate the areas that are having difficulties and need support. The district staff should then access the “alert summary report” on the dashboard to get more details.

2. **Alert Summary Report**

The alerts found in this report are current for the most recent report month. This report provides information on the percent of HSAs who report to a facility who have experienced one or more of five supply chain performance problems listed below:

- % of HSAs stocked out
- % of HSAs with EOs (emergency orders) that HCs (health centers) cannot resupply
- % of HSAs resupplied but remain below EO
- % HSAs registered but not added products they manage
- % HSAs not reporting receipts.

When viewing the Malawi view, alerts for each of the facilities in all registered districts are shown. On selecting a specific district, only facilities found in that district are included in the report. If a specific facility is selected, only that facility will be shown.

Using this report, the user can determine which facilities are experiencing problems resupplying HSAs and can take appropriate action. They can also determine which HSAs are registered in cStock, but whose information on products they manage is not available as they have not registered their products or they have not registered receipts.

3. cStock Reports for Monitoring Performance

The second row of tabs on the cStock website provides information on a number of performance indicators that are useful in monitoring key performance targets at district level. The reports include:

- **Reporting rates:** on-time reporting, late reporting, non-reporting, and completeness of reports submitted
- **Stock Status:** stock outs, under-stocks; adequate stock levels, overstocking
- **Lead time:** responsiveness to orders disaggregated by HF and HSAs
- **Orders filled correctly,** if the quantities of products received equal the required quantities
- **Emergency Orders,** number of emergency orders submitted

These reports allow you to get more detailed information on key indicators at district, health facility and Community level and allow you select the date period you would like to review. These reports from cStock can be viewed on screen or printed using the “Print” function in the browser (see section below for instructions). In some cases, reports can be viewed and printed for specific time periods. The reports listed below should be routinely reviewed and used to improve product availability. More detailed information on these reports and how to use them can be found in the *User Manual* located in the Help Tab in cStock or the *Standard Operating Procedures for Central and District Level Managers*.

1. Reporting Rates

Reporting Rates indicates the percent of HSAs in a district, or at a facility (depending on level of view), who have reported their stock on hand through SMS to cStock on time, the percentage who reported late, and the percentage who have not reported in the last 30 days. Reporting completeness indicates the percentage of HSAs who report on all the products they manage.

This report is useful in showing how many HSAs in HF or district are reporting logistics data monthly on time and completely.

2. Stock Status Report

The Stock Status Report shows, by product, the percentage of HSAs in the district (or HF, depending on level of view) managing a given product who are adequately stocked, under-stocked, over-stocked or stocked out. This report is most useful in showing which products HSAs are having the most success at, the most problems with and maintaining adequate stocks.

Stock levels are evaluated against established maximum-minimum stock levels, found in the table below, to determine if stocks are appropriately stocked, overstocked, or at the emergency order point.

Table 1: Maximum and Minimum Stock Levels

Level	Maximum Stock Level	Minimum Stock Level	Emergency Order Point
Health Center	3 months	2 months	1 month
HSA	2 months	1 month	See EOP Table

3. Lead Times Report:

The Lead Times Report allows the user to see the timeliness of the resupply process. It shows the length of time taken in days between order to (order ready), (order) ready to (order) received and total lead time.

- **Order – Ready**- time between the HSA sending an SOH message to cStock and the HSA supervisor sending an order ready message to the HSA
- **Ready - Received** - time between HSA receiving order ready message from HSA supervisor and HSA sending a product receipt message to cStock
- **Total lead time** – the sum of the time between Order to ready and ready to received

The user can choose depending on their level of access to view the reports for Malawi (all registered districts) or select a specific district or facility. To view a specific district or facility, the user can select the desired district or facility from the drop down menu, then select a start date and end date for the period under review, and click the “Go” button.

Using this report, the user can determine if lead times are longer than expected and whether the delay is as a result of the HSA supervisor taking long to send an Order Ready message or delays by the HSA has delayed to pick products or send a receipt message.

4. Order Fill Rate Report

The Order Fill Rate (OFR) report allows the user to see how well order requests are filled.

The user can choose to view order fill rates for all products in cStock or for a category of products. The product categories can be selected using the Product Category drop down menu and are: All, CCM (community case management), EPI, FP (family planning) and HIV. The user can also choose, depending on their level of access, to view the reports for Malawi (all registered districts) or select a specific district or facility. To view a specific district or facility, the user can select the desired district or facility from the drop down menu, then select a start date and end date for the period under review, and click the “Go!” button.

5. Emergency Orders Report

The Emergency Orders tab has **three** reports that can be used by users to see the percent of HSAs who have reached the emergency order point as reported to cStock, by product and by month, or as a monthly average during the selected period of time. The user can choose to review the Malawi reports, or by district or facility depending on their level of access. To select the time period click on the start date and end date and then click the “Go!” button. If action to resupply is not taken promptly in response to emergency orders, stock outs of those products are likely to occur.

VI. Monitoring Team Performance at HC

To ensure that community health products are always available when needed to treat patients/provide to clients for different health programs at community level, the District Product Availability Teams (DPATs) have the information from cStock available to them to help identify potential supply problems, take action before a problem occurs, and make decisions to solve problems before they occur. This information is available to the DPATs through:

- cStock Health Facility Reports
- Resupply Worksheet

A. Health Facilities Report

Where possible the following report should be printed and distributed to the HPATs so they can monitor their progress towards achieving their targets.

To access this report click on a Health Facilities tab. Select the name of the health facility from the “Site” drop down menu and the reporting month, and then click the “Go!” button. This report provides information on the performance of all HSAs associated with the selected facility. The default is the most recent 30 day period.

The Health Facility Report can be printed by clicking the print icon in the upper right corner of the page; this will produce a report appropriate for sharing with the health facility. There is a job aid included in Annex C for this report.

1. **Current stock status by product:** This report indicates the stock status for all the HSAs who are resupplied by this facility for each of the products listed. It provides information on the % of HSAs who are resupplied by the facility who are stocked out, under-stocked, adequately stocked and overstocked by product. It also indicates how many HSAs have not reported.

Current stock status by product					
Product	% HSA stocked out	% HSA under	% HSA adequate	% HSA overstocked	% HSA not reported
Condom-Female	0%	0%	0%	0%	100%
Combined Low Oestrogen	0%	0%	0%	0%	100%
Condom-Male	0%	0%	0%	0%	100%

2. **Reporting rates:** This report shows the % of HSAs resupplied by the facility who have reported on time, late and not reported during the period selected; it also shows the names of the HSAs in each of these categories allowing the HSA supervisor to easily follow up with those who have not reported. For those HSAs who have reported, the table also shows the % of HSAs resupplied by the facility who have reported completely and % of those who have not reported on all products they manage (incomplete reporting). The

names of HSAs in each of these categories are also included in the report. Ideally there should be 100% on time and complete reporting.

Reporting rates		
	%	Names of HSAs
Reporting on time	0%	
Late reporting	0%	
Non reporting	100%	Macdonald Mataka, Rosemary Phiri, SANKHANI ZAKALIYA, Tionge Masonga, wyford mingulu
Complete reporting	0%	
Incomplete reporting	0%	

- Average lead times:** This report indicates the timeliness of the resupply process for the HSAs resupplied by the facility. It shows in number of days for
 - Order to order ready** – It is an indicator of how quickly the health facility prepares the order and informs the HSA that the order is ready.
 - Order ready to order received** – It is an indicator of how quickly the HSA comes to collect and acknowledged receipt of the order after being informed it is ready.
 - Total lead time** – This is the sum of the two indicators above. Ideally this number should be 4 days or less.
- Current AMC, MOS and stock status by product:** This report indicates the stock status of all HSAs resupplied by the health facility as a group by comparing their total average monthly consumption of each product with the current stock on hand for each product, and indicates whether the stock status is considered overstocked, adequate, or under stocked or stocked out. If no data is available on consumption, then stock status cannot be evaluated and the status category is No Data.

This information provides an indicator of how well the health facility is maintaining appropriate stock levels amongst its HSAs as a whole, though individual variations cannot be seen in this report.

Current AMC, MOS and stock status by product				
Product	Average monthly consumption (last 60 days)	TOTAL SOH (day of report)	MOS (current period)	Stock status
LA 1 x 6	no data	3174	no data	No Data
LA 2 x 6	no data	5440	no data	No Data

- Filled Order Product Statistics:** This report shows how well the HF is able to fill the individual HSA order requests for HSAs who have reported their stock on hand information and need product. Ideally, all requests should be completely filled and no emergency orders received. If emergency orders are received, all should be filled completely. The numbers indicate the number of resupply requests made by product, the total requests filled and how well the health facility was able to fill the request.

Filled Order Product Statistics (July 2012 to September 2012)							
Product	Total requests received	Total requests filled	Filled order response				# of emergency orders
			HC Stocked Out	Partially Filled	Completely Filled	Over Filled	
LA 1 x 6	8	6		5		1	0
LA 2 x 6	7	6		4		2	0

- **Filled order response** – this indicates how the health facility responded to those requests filled by indicating the number of requests filled in the following categories; information on whether the request was partially, completely, or over filled is based on comparing the quantity of each request as calculated by cStock with the quantity received as reported by each HSA.
- **HF stocked out** – the facility was unable to resupply any of the product to the HSA and responded to cStock that it was stocked out.
- **Partially filled** – indicates the number of requests where the quantity received by the HSA is less than the quantity required.
- **Completely filled** – indicates the number of requests where the quantity required equals the quantity of the product received by the HSA.
- **Over Filled** – indicates the number of requests where the quantity received by the HSA is more than the quantity required.
- **# of emergency orders** – of the total requests received for the product, this is the number of those requests that were sent.

B. RESUPPLY WORKSHEET

In the case where the HF report from cStock is not available the resupply worksheet can be used to calculate some performance indicators that can be used by the DPAT. A Resupply Worksheet Key Performance Indicator Guide has been developed as a template for health facilities to use in recording key indicators in the absence of a cStock report. (See Annex D)

Sample Facility Resupply Worksheet

Number of HSAs managing Village Clinics _____

HSA Name	HSA Code	Status Request/ Supplied	Date requested/ Responded	LA	MRDT	PA	OR	Date collected	Signature
Annie Phiri	120301	Request	2/6/2020	200	50	845	-		
Annie Phiri	120301	Supplied	8/6/2020	180	50	1000	0	10/6/2020	
James Ndulu	120302	Request	4/6/2020	35	25	250	26		
James Ndulu	120302	Supplied	8/6/2020	180	100	500	0	15/6/2020	

REQUISITION AND ISSUE VOUCHER

According to Malawi Health Commodities' Logistics Supply Chain Manual, all Medicines and Medical Supplies issued from the

Pharmacy should be accompanied by a supporting document which is the LMIS-RIV. As such all Medicines and medical Supplies to Village Clinics should use the LMIS-RIV see Handout 12.

VII. Preparing and Conducting an Effective DPAT Meeting

Meetings draw resources (people, time, materials, etc). Every meeting should be well planned with clear, achievable objectives so that the maximum can be achieved and people will not feel they wasted their time. In addition, a meeting must seek to get the most from the team by ensuring an all-inclusive approach to the discussions to ensure sufficient buy-in to decisions and necessary support in implementing resolutions and following up on agreed action points.

A. Preparing for an effective DPAT Meeting

For any meeting to achieve its purpose there is need for good planning. Planning a DPAT meeting will require same standard preparations such as the following:

- Plan and communicate meeting date in advance with all participants
- Develop and share agenda, goal, and objectives of the meeting in advance
- Arrange and confirm meeting venue in advance
- Where applicable, have minutes and action points from previous meeting available for subsequent meeting
- Clearly identify who will be taking notes/secretary for the meeting in advance (assumes chairperson is already known)
- Confirm with all participants on attendance in advance

B. Developing an agenda

Setting a clear agenda ahead of a meeting ensures that the meeting will be efficient. It also allows the members to make sure they bring the right information to the meeting so that decisions can be made. The cStock Health Facility Report or the Resupply Worksheet Key Performance Indicator Guide should be used to develop a DPAT meeting agenda. The District Program Coordinators coordinating the DPAT meeting or HSA Supervisor should develop the agenda based on the key SC issues to highlight in the meeting.

An agenda might include:

- **Introductions** – documenting attendance
- **Outstanding issues** - from last meeting
- **Report on Key Performance Issues** - from this month / quarter
- **Discussions** - on key performance issues
- **Action points** - to address key performance issues
- **Any other business**
- **Date for next meeting**

C. Using Management Diaries

Management Diaries are a simple tool that managers can use to document performance planning, supervision, and follow-up actions. For the Enhanced Management Approach, management diary serves the following purpose:

- To record issues raised, decisions taken, and follow-up actions in order to monitor management and supervision in a systematic way.

Management Diaries should be kept by a designated District Program Coordinator at district level and by the HSA Supervisors at facility level. Each should use a copybook or similar notebook to document meetings with each other and with HSAs, and to document decisions made by the District Product Availability Team as a result of performance report review meetings and other interactions. The suggested outline for documentation includes:

- Date of team (or individual) meeting
- Action items addressed since last meeting
- Result of action(s), if known
- Actions still pending
- Current problems/issues identified
- Proposed solutions/decisions
- Action items before next meeting and person responsible

Supervisors should use their management diary during supervisory visits to review with Health Center staff and HSAs the improvements that they are working on to ensure that community health products are always available. The following is an example of a management diary entry:

Sample Management Diary Entry

Date of team (or individual) meeting:

Monthly meeting with HSAs, 11th June, 2020 at Central Health Center

Action items addressed since last meeting:

- HSAs sent SMS for emergency resupply of Amoxicillin when they were very low and HC could not resupply

Result of action, if known:

- District agreed to send extra Amoxicillin from HF 1 and HC 2 to my HC with low stock.
- HC received stock.
- Called HSAs to pick up new orders

Action plan

Current Issues identified	Action items proposed	Responsible Person	Dateline
Storage at HC not big enough for HSA orders when they are packed	Clear empty boxes from space in the pharmacy to make room for storing packed orders	All HSAs	By 10 th July 2020
2 HSAs- John Banda and Flora Phiri submitted incomplete reports for the month of June 2020	HSAs should report on all products that they are associated with	John Banda and Flora Phiri	2 nd July 2020 (next reporting date)

Any other business: We need to invite the cluster supervisor to be at our next HPAT meeting

Date of next meeting: 10th July , 2020

D. Recognizing Good Performance

In addition to using team performance reports to find areas for improvement, it is important to recognize when the District Product Availability Team has improved its performance or achieved its performance goals. Improvements in the availability of community health products and improvements in reporting rates should be recognized. Each District Product Availability Team should develop a plan for how it will recognize improved performance and carry out that plan. Improved performance by HSAs and Health Center should be rewarded through recognition in the community and by the team and by other means that the DPAT decides.

E. Using Performance Reports as a Supervision and On-the Job Training Tool

Each month when the HSA Supervisor meets with the District Program Coordinators/program coordinators, they should review HSA performance reports to identify which HSAs require assistance in improving their reporting of stock quantities and in ensuring that they keep sufficient community health products available. While providing supervision to an HSA, the HSA Supervisor should share the performance report with the HSA so he can see how the information he reports is used and to increase his motivation to report. These visits and the review of the performance reports provide an opportunity to review the procedures for reporting and resupply with the HSA, to answer any questions he may have and to provide any additional training he may require.

Annexes

Annex A: Facility Codes

Annex B: Product Codes

Product	Code
LA 1 x 6	LA
LA 2 x 6	LB
Paracetamol 500mg	PA
ORS	OR
Amoxycillin 250mg	AM
Zinc 20mg	ZI
Tetracycline Eye Ointment	TE
DMPA	DM
SAYANA PRESS	SA
Combined Low Oestrogen	CL
Progestogen only	PO
Condom-Male	CM
Condom-Female	CF
Disposable Apron	DAP
MRDT	MRDT
Gloves	GL
Cotton Wool	CW
Pills' bags	PB
Rectal Artesunate	RA

Annex C:

cStock

Health Facility Reports-

Job Aid

The Current Average Monthly Consumption (AMC), Months of Stock (MOS) and Stock Status by Product table shows:

- How much of the product on average is used in a month by all HSAs in the facility
- Total stock on hand (SOH) for the product for all HSAs managing the product
- Number of months the stock will last at the average rate of use (MOS)
- Whether the HSAs as a group are stocked out, under stocked, adequately stocked, or stocked out for the product.

Current AMC, MOS and stock status by product

Product	Average monthly consumption (last 60 days)	TOTAL SOH (day of report)	MOS (current period)	Stock status
LA 1 x 6	221	1528	6.9	Overstocked
LA 2 x 6	44	2368	76.8	Overstocked
Paracetamol 500mg	235	2537	10.8	Overstocked
ORS	71	380	5.3	Overstocked
Cotrimoxazole 480mg	83	2122	25.6	Overstocked
Zinc 20mg	441	2333	5.3	Overstocked

At this facility, 235 tablets is the AMC for Paracetamol 500mg. Right now, there are 2,537 tablets on hand among all HSAs, which will last for 10.8 months. This means that as a group HSAs are overstocked for Paracetamol 500mg.

Filled Order Product Statistics (July 2012 to September 2012)

Product	Total requests received	Total requests filled	Filled order response				# of emergency orders
			HC Stocked Out	Partially Filled	Completely Filled	Over Filled	
LA 1 x 6	8	8			8		0
LA 2 x 6	7	7			7		0
Paracetamol 500mg	8	8	4		4		0
ORS	8	8		4	4		0
Cotrimoxazole 480mg	8	8		1	7		0

8 HSAs requested Paracetamol 500mg refills. The Health Center completely filled 4 requests, but then was stocked out and unable to fill 4 requests. The HC received 0 emergency orders!

GOAL

To make sure that all products are adequately stocked among all HSAs. This means keeping track of the Average Monthly Consumption, the Stock on Hand, and trying to keep stock levels between the 2 month maximum and 1 month minimum.

GOAL

To completely fill all the order requests received by HSAs. This means that the Health Center needs to respond to all requests, and to avoid stockouts at the facility level as well. It is always best to make sure that the HSAs do not have to send in Emergency Orders!

Annex D. Resupply Worksheet Key Performance Indicator Guide

In the case where the HF report from cStock is not available the resupply worksheet can be used to calculate some performance indicators that can be used by the HPAT. A Resupply Worksheet Key Performance Indicator Guide has been developed as a template for health facilities to use in recording key indicators in the absence of a cStock report.

An example of the Monthly Health Facility HPAT Meeting Key Performance Indicator Guide is included in Annex D. Health facilities can construct this in their management diary each month using the column headings in the example. The job aid here describes how to use the resupply worksheet to complete the Key Performance Indicator Guide.

Resupply Worksheet Key Performance Indicator Guide

When: Before the monthly HPAT meeting at HF

Who: HSA Supervisor in collaboration with HC Pharmacy In-Charge

What You Need: Resupply worksheet and a calculator (you can use your mobile phone calculator)

	Indicator	How to complete column called “#s obtained from Worksheet”	Procedure for calculating this indicator
1.	Percentage of HSAs that reported in the month	Count the number of HSAs from whom you received a request this month. If you received two requests from one HSA only count them once.	Number of HSAs reported over number of HSAs at this facility multiplied by 100
2.	Percentage of HSAs that reported on time during the month	Count the number of HSA requests that were received on the 1 st or 2 nd of the month. If you received two requests from one HSA only count them once.	Number of HSAs reported on time over number who reported in the month multiplied by 100
3.	Percentage of HSA's whose reports were complete during the month	Count the number of HSAs who requested all products they are supposed to. If you received two requests from one HSA only count them once.	Number of HSAs whose reports were complete over number of HSAs who reported in the month multiplied by 100
4.	Percentage of HSAs responded to by Facility within 2 days after sending SOH report.	Count the number of HSA requests that were responded to within two days after sending SOH report (considering only those who need to be resupplied)	Number of HSAs responded to within 2 days (only those who need to be resupplied) over number of HSAs responded to by the facility (only those who need to be resupplied) multiplied by 100

Malawi Enhanced Management of Community Health Products SOP

5.	Percentage of HSAs who collected products within 2 days after being responded to with “Order Ready” message	Count the number of HSA who collected products within two days of receiving “Order Ready” message (Considering only those who need to be resupplied). If you received two requests from one HSA only count the first request.	Number of HSAs who collected products within 2 days after Ready Order message over number of HSAs who collected products (considering only those who need to be resupplied) multiplied by 100
6.	Percentage of HSAs who collected products less than quantities indicated by c-Stock for each or any product	Count the number of HSAs where the amount in the requested row is more than the amount in the supplied row for all products. If you received two requests from one HSA only count the first request.	Number of HSAs who collected products less than quantities indicated by cstock over number of HSAs who collected products multiplied by 100

Handouts for EM Training

Workshop Goal and Objectives

Enhanced Management of Community Health Products Health Centre Staff and HSA Training

The goal of this workshop is to have established District Product Availability Teams who are prepared to work together, using the cStock reporting and data management system, to improve the availability of community health products provided by HSAs.

By the end of the two-day workshop, participants will be able to:

1. Describe the purpose of the Enhanced Management (EM) approach and its relationship to the current procedures for managing community health products.
2. Describe their roles and responsibilities in the management of community health products using the procedures as outlined in the EM Standard Operating Procedures (SOPs).
3. Identify their District Product Availability Team, the goal of the team and the responsibilities of the team in ensuring product availability and problem solving.
4. Use supply chain performance reports to improve product availability and achieve product availability targets and implementation of EM standard operating procedures.
5. Outline the flow of product information in the cStock system.
6. Use personal mobile phone to register into the cStock system and deregister from the system when one is no longer involved in activities of managing community health products from their Health Centre.
7. Use personal mobile phone to report product stock on hand and quantity received data to the cStock system according to the specifications and timeline outlined in the standard operating procedures.
8. Set up and use the Resupply worksheet plus ordering from the LMIS-RIV to record and track product resupply quantities for HSAs.
9. Prepare and issue HSA orders in a timely manner and notify HSAs that the order is ready.
10. Use personal mobile phone to report stock outs of product or products that are at or below the established emergency order level.
11. Respond to HSA stock outs and emergency orders as possible.
12. Demonstrate how to run an effective Health Centre Product Availability Team (HPAT) meeting.
13. Coordinate with District staff in case where the Health Centre cannot fill emergency or stock out orders.

Workshop Schedule

Enhanced Management of Community Health Products Health Centre Staff and HSA Training

8:30 – 9:00	Introduction to the Workshop
9:00 – 10:30	Introduction to cStock, Registering and Adding Products
10:30 – 10:45	Tea Break
10:45 – 12:15	Reporting Stock on Hand Using Mobile Phones
12:15 – 1:15	Lunch
1:15 – 3:15	Issuing and Receiving Community Health Products
3:15 – 3:30	Tea Break
3:30 – 5:15	Handling Low Stocks and Stock Outs
5:15 – 5:30	Closing and Homework Assignment

Day 2

8:30 – 9:00	Introduction to the Day and Homework Review
9:00 – 9:40	Community Managed Health Programs
9:40 – 10:25	Purpose of the Enhanced Management Approach
10:25 – 10:40	Tea Break
10:40 – 11:55	Forming District Product Availability Teams
11:55 – 12:45	Roles and Responsibilities in Enhanced Management
12:45 – 1:45	Lunch
1:45 – 3:15	Monitoring Team Performance at HC
3:15 – 3:30	Tea Break
3:30 – 5:00	Planning and Conducting Effective HPAT Meetings at HC
5:00 – 5:30	Last activity in cStock / Workshop Closing

Workshop Goal and Objectives

Enhanced Management of Community Health Products District/Cluster Supervisor Training

Participants will work to ensure community health product availability through a team approach to supply chain performance monitoring and problem solving supported by increased access to information about stock levels and facilitated resupply procedures.

By the end of the two-day workshop, participants will be able to:

1. Describe the purpose of the EM approach and its relationship to the current procedures for managing community health products.
2. Outline the flow of product information in the cStock system.
3. Describe their roles and responsibilities in the management of community health products using the procedures as outlined in the EM Standard Operating Procedures (SOPs).
4. Identify their Product Availability Team, the vision of the team, the customer service mission of the team, and the responsibilities of the team in ensuring product availability and problem solving.
5. Access the cStock, and identify product and facility information found in cStock.
6. Describe the dashboard alerts, how to interpret the alerts, and what actions they should take in responding to alerts.
7. Print facility performance reports from cStock, and interpret the reports to identify good facility performance and specific facility problems with a focus on stock levels, reporting rates and timeliness, and order fill.
8. Identify possible solutions to common problems related to product availability.
9. Identify current facility and team supply chain performance, set targets for improved performance and develop a plan for achieving those targets.
10. Use a management diary to record actions taken to solve product availability and supply problems.
11. Develop a plan for recognizing and rewarding good team and facility product availability and supply chain management performance.

Workshop Schedule

Enhanced Management of Community Health Products District/Cluster Supervisor Training

Day 1

8:30 – 9:05	Introduction to the Workshop
9:05 – 9:45	Community Managed Health Programs
9:45 – 10:30	Purpose of the Enhanced Management Approach
10:30 – 10:45	Tea Break
10:45 – 12:45	Forming Product Availability Teams
12:45 – 1:45	Lunch
1:45 – 2:45	Roles and Responsibilities in Enhanced Management
2:45 – 3:15	Introductions to cStock and Registering
3:15– 3:30	Tea Break
3:30 – 4:10	cStock Nags and Alerts
4:10 – 5:10	Monitoring Team Performance at District – Part 1
5:10 – 5:30	Closing and Homework Assignment

Day 2

8:30 – 9:00	Introduction to the Day and Homework Review
9:00 – 10:00	Monitoring Team Performance at District – Part 2
10:00 – 10:45	Tea Break
10:15 – 11:15	Monitoring Team Performance at HC
11:15 – 12:15	Setting Performance Targets
12:00 – 1:00	Lunch
1:00 – 3:00	Planning and Conducting Effective DPAT Meetings
3:00 – 3:15	Tea Break
3:15 – 4:00	Recognizing Good Performance
4:00 – 4:30	Workshop Evaluation and Closing

EM SOP Exercise

Use the SOPs to answer the following questions.

Match the task in Column A with the person responsible for this task, in Column B. Use Section III of the SOPs to assist you.

<u>A: Task</u>	<u>B: Person Responsible</u>
1. Follows up with HSA supervisor on outstanding non-reporting HSAs	1. HSA
2. Follows up with districts for non-reporting facilities.	2. HSA Supervisor
3. Act as the lead 'owner' and champion at MOH senior level for purposes of promoting successful implementation of the entire EM package, with cStock, in all districts	3. Health Center Pharmacy In-Charge
4. Provides feedback to individual HSA on products available for collection via cStock.	4. District IMCI Coordinator
5. Enters stock on hand (SOH) data of each product into cStock through SMS text message for all products registered in the application 2 days following the end of the month, before going to health facility to collect supplies.	5. Director – HTSS Pharmaceuticals
6. Use cStock data to correctly quantify community product needs, guide allocation of budget and inform procurement	6. Supply Chain Performance Management Officer
7. Meets regularly (monthly/quarterly) with Cluster Supervisors and District Pharmacy Technician to review cStock dashboard and supply chain performance reports, solve problems, and identify areas for improvement.	7. Cluster Supervisor
8. Enters data into Supply Chain Manager database and reviews Supply Chain Manager software for all facilities in the district at least once a month.	8. DHMT
9. Act as a link between facility HPAT and district by reporting problems HFs are unable to resolve to the District Coordinators or Management.	9. District Pharmacy In Charge

Example – Health Facility Report from cStock

Current stock status by product

Product	% HSA stocked out	% HSA under	% HSA adequate	% HSA overstocked	% HSA not reported
Condom-Female	0%	100%	0%	0%	0%
Combined Low Oestrogen	0%	0%	0%	0%	0%
Condom-Male	0%	83%	0%	17%	0%
Amoxycillin250mg	0%	14%	71%	14%	0%
Cotton Wool	17%	67%	17%	0%	0%
DMPA	0%	17%	67%	17%	0%
SAYANA PRESS	0%	0%	0%	0%	0%
Gloves	0%	29%	14%	57%	0%
LA 1 x 6	0%	0%	71%	29%	0%
LA 2 x 6	0%	14%	43%	43%	0%
Rectal Artesunate	0%	0%	0%	0%	0%
ORS	0%	0%	57%	43%	0%
Paracetamol 500mg	0%	0%	86%	14%	0%
Pill bags	0%	14%	14%	71%	0%
Progestogen only	0%	0%	0%	0%	0%
Tetracycline Eye Ointment	0%	14%	29%	57%	0%
Zinc 20mg	0%	14%	57%	29%	0%

Reporting rates

	%	Names of HSAs
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Handout 6

	%	Names of HSAs
Reporting on time	100%	Henderson Alufai, lydia kunkean, Martin Misolo, mellody gent, obedi simbi, stella bote, wisted makhalanya
Late reporting	0%	
Non reporting	0%	
Complete reporting	100%	Henderson Alufai, lydia kunkean, Martin Misolo, mellody gent, obedi simbi, stella bote, wisted makhalanya
Incomplete reporting	0%	

Average lead times

Facility	Order to order ready (days)	Order ready to order received (days)	Total lead time (days)
DH	2.7	0.8	3.5

Current AMC, MOS and stock status by product

Product	Average monthly consumption (last 60 days)	TOTAL SOH (day of report)	MOS (current period)	Stock status
Combined Low Oestrogen	no data	0	no data	No Data
Condom-Female	45	298	6.6	Overstocked
Condom-Male	503	676	1.3	Adequate
Amoxycillin 250mg	911	2294	2.5	Overstocked
Cotton Wool	5	10	2.0	Adequate
SAYANA PRESS	no data	0	no data	No Data
DMPA	175	384	2.2	Overstocked
Gloves	1054	1390	1.3	Adequate
LA 1 x 6	850	1696	2.0	Adequate
LA 2 x 6	1141	2478	2.2	Overstocked
Rectal Artesunate	no data	0	no data	No Data
ORS	56	185	3.3	Overstocked
Paracetamol 500mg	1202	2455	2.0	Overstocked

Handout 6

Product	Average monthly consumption (last 60 days)	TOTAL SOH (day of report)	MOS (current period)	Stock status
Pill bags	346	859	2.5	Overstocked
Progestogen only	no data	0	no data	No Data
Tetracycline Eye Ointment	70	233	3.3	Overstocked
MRDT	no data	0	no data	No Data
Zinc 20mg	346	909	2.6	Overstocked

Filled Order Product Statistics

Product	Total requests received	Total requests filled	Filled order response				# of emergency orders
			HC Stocked Out	Partially Filled	Completely Filled	Over Filled	
LA 1 x 6	11	6			6		4
LA 2 x 6	14	9		3	6		2
Paracetamol 500mg	14	7		1	5	1	0
ORS	13	6			6		3
Amoxicillin 250mg	13	7		1	6		0
Zinc 20mg	11	5			5		0
Tetracycline Eye Ointment	10	6		2	4		0
DMPA	11	6		3	3		0
Condom-Male	13	9	1	8			4
Gloves	8	6		4	1	1	0
Cotton Wool	15	7	1	4	2		0
Pill bags	13	9	1	6	2		0
Sayana Press	5	4	11	4	2		0

Handout 6

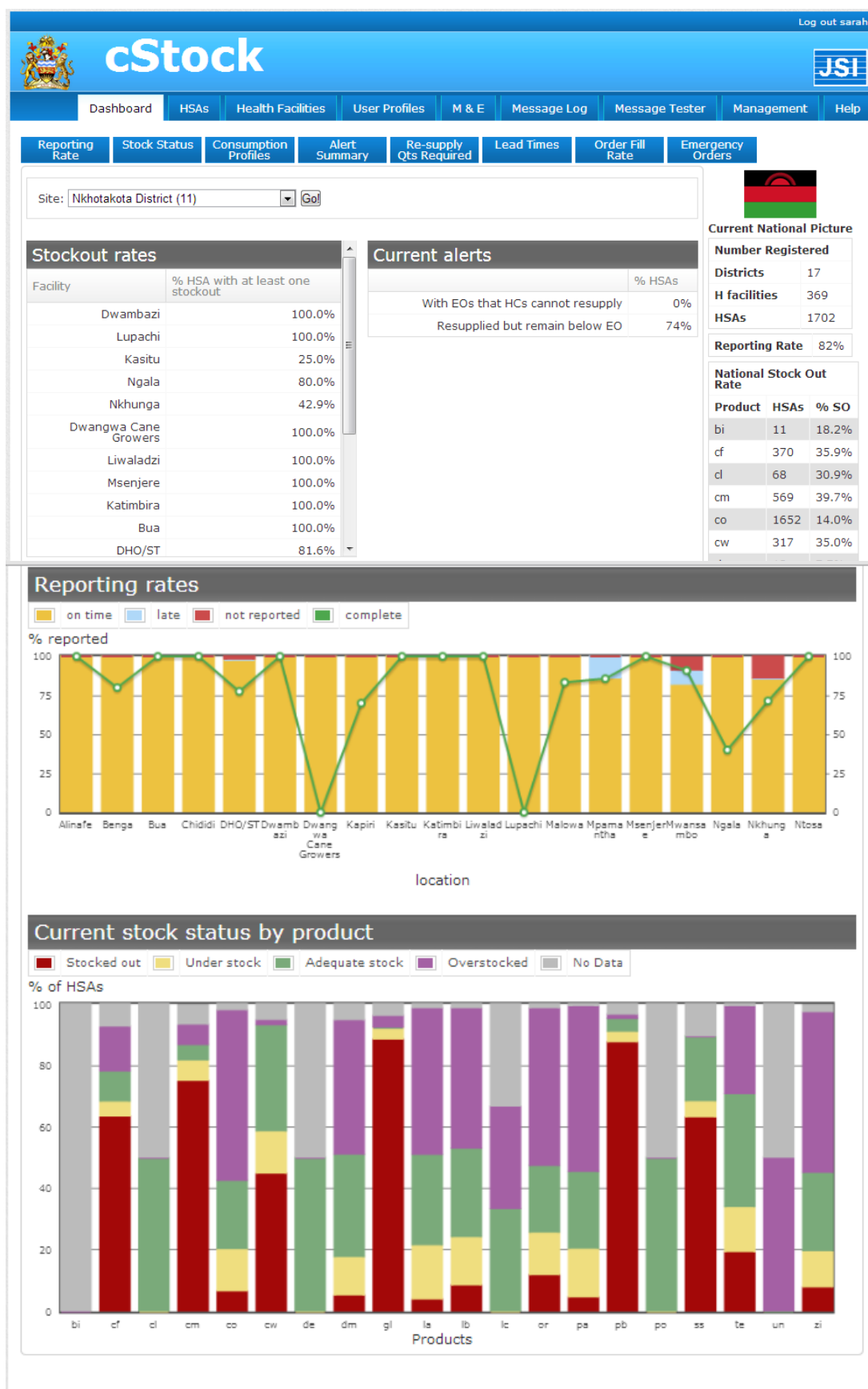
Product	Total requests received	Total requests filled	Filled order response				# of emergency orders
			HC Stocked Out	Partially Filled	Completely Filled	Over Filled	
MRDT	15	14	0	1	7	0	2
Rectal Artesunate 100mg	6	0	0	0	0	0	0

Health Facilities Report Data Exercise

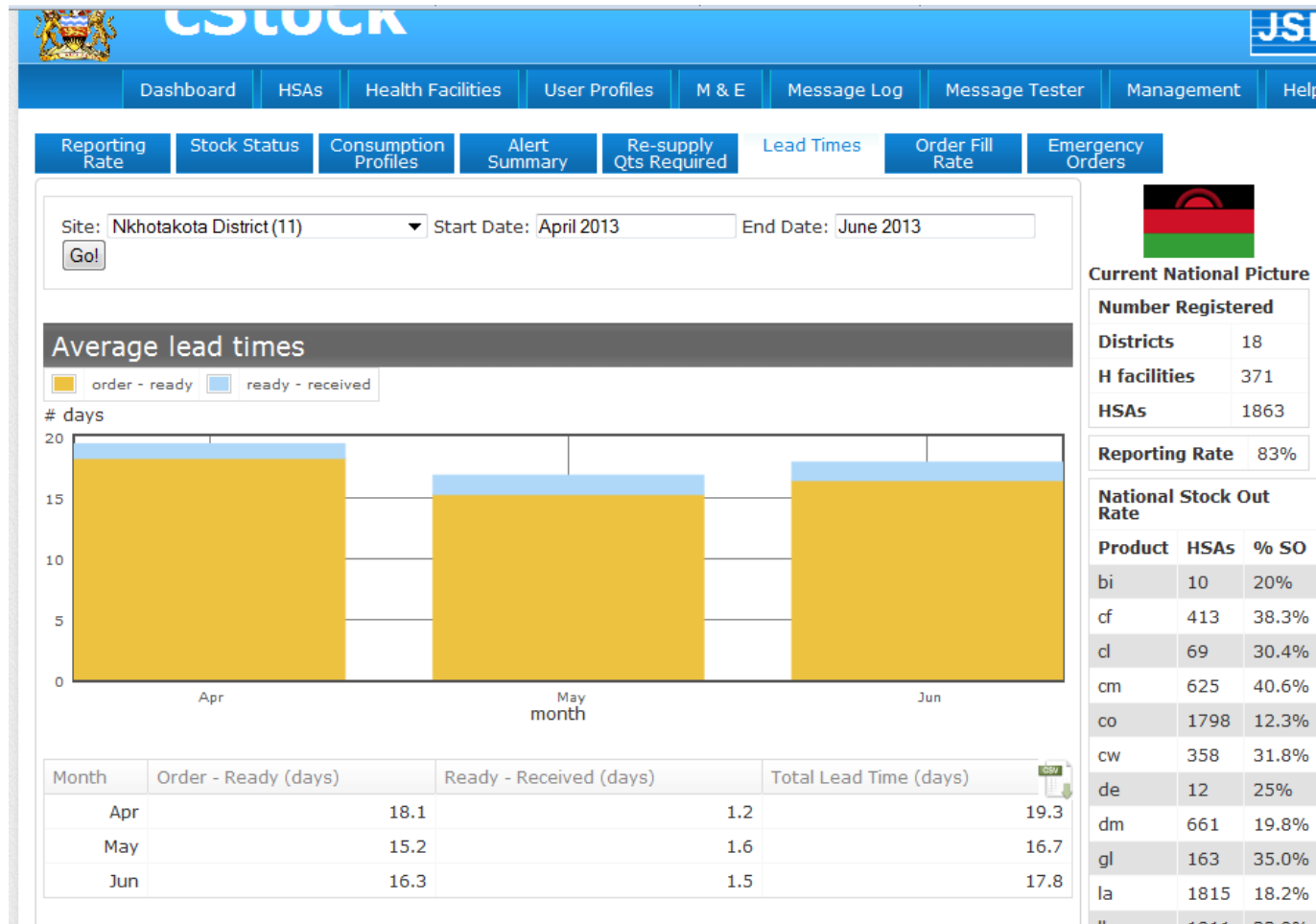
Use the Health Facilities Report and job aid provided to answer the following questions.

1. Which product(s) has highest percentage of HSAs overstocked?
2. Which product(s) has highest HSAs under stocked?
3. Which HSA(s) are best at reporting?
4. Which lead time component needs the most improvement?
5. How many months of stock are there for all HSAs who are resupplied by this facility for zinc 20mg?
6. What is the stock on hand of ORS for all HSAs?
7. How many requests for male condoms did the facility receive?
8. For which product/s was the health facility unable to fill the order because of stock out?
9. Which product/s has the most emergency orders among all HSAs?

cStock Dashboard Report



cStock Lead time Report



Facility Resupply Worksheet Exercise

Number of HSAs managing Village Clinics: _____

HSA Name	HSA Code	Status Request/ Supplied	Date requested/ Responded	LA	LB	PA	OR	AM	ZI	TE	DM	Date collected	Signature
Annie Phiri	120301	Request	2/6/2020	200	432	845	120	324	43	55	NA		
//	//	Supplied	8/6/2020	180	360	1000	100	500	50	0	NA	10/6/2020	
James Ndulu	120302	Request	4/6/2020	35	380	250	26	342	40	34	54		
//	//	Supplied	8/6/2020	180	360	500	0	500	25	0	50	15/6/2020	
Mary Khoma	120303	Request	1/6/2020	0	0	0	0	0	0	0	0		
Andrew Jabu	120304	Request	1/6/2020	280	320	24	-	30	120	-	NA		
//	//	Supplied	3/6/2020	360	360	500	0	500	50	0	NA	5/6/2020	
Robert Shadreck	120305												

Legend:

- NA; not associated with this product, so not applicable.
- 0; nothing to be resupplied or nothing was resupplied.
- are associated with product but have not reported on this product.

Resupply Worksheet Key Performance Indicator Guide

	Indicator	#s obtained from Worksheet	Procedure for Calculating the indicator	Percentages
1.	Percentage of HSAs that reported in the month			
2.	Percentage of HSAs that reported on time during the month			
3.	Percentage of HSA's whose reports were complete during the month			
4.	Percentage of HSAs responded to by Facility within 2 days after sending SOH report.			
5.	Percentage of HSAs who collected products within 2 days after being responded to with "Order Ready" message			
6.	Percentage of HSAs who collected products less than quantities indicated by c-Stock for each or any product			

Low or No-Cost Ideas for Recognizing Good Performance

Performance to Recognize

- Accurate, complete, and consistent timely reporting
- High responsiveness to HSA re-supply/product collection (lead time)
- Timely reporting of EO by HSAs, and timely response by HF to HSAs' reported emergency orders
- Improving trends in all of the above
- Consistency in conducting HPAT Meetings by HF leadership
- Other?

Possible Ways to Recognize Workers

- Official letters signed by DHO acknowledging consistent superior performance
- Mentions in:
 - Newspapers?
 - Newsletters?
 - Public settings, such as in worker's community, at health facility where worker is employed or visiting for resupply
- Award Certificates (especially when presented in public)
- Worker of the month public display board (e.g. in DHO's office)
- Pins, bags, prizes, etc.
- Other?

Workshop Evaluation

Enhanced Management of Supply Chain for Community Case Management: District and Health Center Staff

Name (optional): _____

1. Please rate how well you feel the workshop met the following objectives



Objective	Rating 1: not at all 2: poor; 3: satisfactory; 4: good; 5: excellent	Comments, including how to improve training related to this objective
Describe the purpose of the EM approach and its relationship to the current procedures for managing community health products		
Outline the flow of product information in the cStock system		
Describe their roles and responsibilities in the management of community health products using the procedures as outlined in the EM Standard Operating Procedures (SOPs).		
Identify their Product Availability Team, the goal and performance targets and the responsibilities of the team in ensuring product availability and problem solving.		
Access cStock, and identify product and facility information found through cStock		
Describe the dashboard reports, how to interpret the reports, and what actions they should take in responding to alerts.		

Objective	Rating 1: not at all 2: poor; 3: satisfactory; 4: good; 5: excellent	Comments, including how to improve training related to this objective
Print facility performance reports from the cStock and interpret the reports to identify good facility performance and specific facility problems with a focus on stock levels, reporting rates and timeliness, and order fill.		
Identify possible solutions to common problems related to product availability.		
Identify current facility and team supply chain performance, set targets for improved performance and develop a plan for achieving those targets.		
Plan for a DPAT Meeting, develop agenda, and run DPAT Meetings effectively		
Use a management diary to record actions taken to solve product availability and supply problems.		
Develop a plan for recognizing and rewarding good team and facility product availability and supply chain management performance		

2. The most useful part of this training was:

3. The least useful part of this training was:

4. Comments:

 MINISTRY OF HEALTH	<div style="border: 1px solid black; padding: 5px;"> Capital PRINTING PRESS OFFSET PRINTERS & STATIONERS <small>P. O. BOX 66, LILONGWE, MALAWI, TEL: +265 (01) 755470 / 752832, FAX: +265 (01) 755108 E-MAIL: cpop@capital-online.net</small> A Symbol of Quality and Commitment</div> <table border="1" style="width: 100%;"><tr><td style="text-align: center;">NUMBERED FROM</td></tr><tr><td style="text-align: center;">012651</td></tr><tr><td style="text-align: center;">TO</td></tr><tr><td style="text-align: center;">012700</td></tr></table>	NUMBERED FROM	012651	TO	012700
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Requisition & Issue Voucher (Version Aug 2014)
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District	
Health facility Name	
Date Started	
Date Closed	

Version Aug 2014
LMIS-RIV

REPUBLIC OF MALAWI
MINISTRY OF HEALTH
Requisition & Issue Voucher No. 017459

Requisitioning Service/Department Date:

Requisition				Issue	
Item Description	Strength	Stock Balance	Quantity Being Requested	Quantity Issued by the Pharmacy	Quantity Collected from the Pharmacy
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Preparation of RIV	Pharmacy	Finalisation of Order
Prepared by.....	Approved by.....	Collected by.....
Designation.....	Designation.....	Designation.....
Signature:..... Date: J...J.....	Signature:..... Date: J...J.....	Signature:..... Date: J...J.....
Certified by.....	Issued by.....	Verified by.....
Designation.....	Designation.....	Designation.....
Signature:..... Date: J...J.....	Signature:..... Date: J...J.....	Signature:..... Date: J...J.....
Comments		

Important: This form should always be filled in triplicate with all names, signature, designations and dates COMPLETELY FILLED UP and leave a copy at the pharmacy store, another with DMO/Pharmacist and last copy will be kept by the requisition section