



Malawi

Ministry of Health

Enhanced Management Trainers Guide:

Health Centre Staff and HSA Training

November 2020



Contents

| | |
|---|----|
| Acronyms | ii |
| Workshop Goal and Objectives | 1 |
| Workshop Schedule | 2 |
| 1. Introduction to the Workshop..... | 3 |
| 2. Introduction to cStock, Registering and Adding Products | 5 |
| 3. Reporting Stock on Hand Using Mobile Phone | 10 |
| 4. Issuing and Receiving Health Commodities | 13 |
| 5. Handling Low Stocks and Stock Outs | 18 |
| 6. Closing and Homework Assignment | 24 |
| 7. Introduction to the Day and Homework Review | 25 |
| 8. Community Managed Health Programs..... | 26 |
| 9. Purpose of the Enhanced Management Approach..... | 31 |
| 10. Forming District /Health Center Product Availability Teams (with a Goal, Performance Targets and Recognition)..... | 34 |
| 11. Roles and Responsibilities in Enhanced Management | 38 |
| 12. Monitoring Team Performance at HC | 40 |
| 13. Planning and Conducting Effective HPAT Meetings at HC..... | 44 |
| 14. Workshop Closing | 49 |

Acronyms

| | |
|-------|--|
| DHMT | District Health Management Team |
| DPAT | District Product Availability Team |
| DTC | Drug and Therapeutic Committee |
| EM | Enhanced Management (Approach) |
| EO | Emergency Order |
| FP | Family Planning |
| HSA | Health Surveillance Assistant |
| HPAT | Health Centre Product Availability Team |
| HTC | HIV Counselling and Testing |
| ICCM | Integrated Community Case Management |
| 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 |
| OS | Out of Stock |
| Q & A | Question and Answer |
| RIV | Requisition and Issue Voucher |
| SMS | Short Message Service |
| SOH | Stock on Hand |
| SOP | Standard Operating Procedures |

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 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 facility 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

Day 1

| | |
|---------------|---|
| 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 | 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/ Health Centre 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 |

1. Introduction to the Workshop

Session Objectives:

By the end of the session participants will be able to

1. Describe the goal, objectives and schedule for the workshop
2. Identify other participants in the workshop

Time: 30 minutes

Materials:

Flipchart, markers

Prepared Flipcharts:

Workshop Goal

Questions for Participant Introduction exercise

Trainer Preparation:

Prepare flipcharts ahead of the session.

Learning Activities Summary:

| Title | Type | Time |
|--|---------------------------|------|
| 1. Welcome of participants and guests | Trainer introduction | 5 |
| 2. Participant introductions | Paired discussion/plenary | 10 |
| 3. Review of goal, objectives & schedule | Lecturette/Q&A | 10 |
| 4. Session Conclusion | Participant Recap | 5 |

Learning Activities:

1. Welcome of participants and guests – 5 minutes

The facilitator for the session should ensure that the workshop starts on time by welcoming all participants, introducing the theme of the workshop, and introducing any invited officials.

2. Participant Introductions– 10 minutes

Ask the participants to choose a partner whom they do not know well. For several minutes they should find out the following information about each other:

- Name
- Work site and job
- Favourite leisure activity

The facilitator should then guide participants to quickly introduce their partner in plenary. Trainers should participate in the introduction exercise.

3. Review of workshop goal, objectives, and schedule – 10 minutes

Use the prepared flipchart and ask participants to turn to the back of the SOP where the handouts for the workshop are located. Ask them to find **handout 1 and 2** and then to review the goal, objectives, and schedule for the workshop. Explain that this is one of a series of workshops that will be conducted to roll out the Enhanced Management Approach that you will learn more about during this workshop.

Note that this workshop follows one that included District and Cluster Supervisors, as staff at all levels in the system need to work to ensure continuous supply of community health products. Emphasize that there is much to cover in these two days, so that participants are expected to participate actively and be on time.

As needed, the facilitator should inform participants of logistics, such as location of bathrooms, arrangements for per diems, no smoking/cell phone policy, etc.

Explain to participants that they will need to use their mobile phones for this training and that they should keep them charged and available for our sessions. Ask if there are any problems with their mobile phones and deal with these problems as possible.

4. Session conclusion – Participant Recap - 5 minutes

Thank participants for their participation and explain that we will now be starting our first session related to the initiative of enhanced management.

Ask if there are any questions or concerns before proceeding to the next session.

2. Introduction to cStock, Registering and Adding Products

Session Objectives:

By the end of the session participants will be able to:

1. Understand the design of cStock and the advantage of using cStock for ordering health products
2. Understand the relation of cStock to current procedures for managing community health products.
3. Outline the flow of product information in the cStock system
4. Add cStock as a contact in her phone address book
5. Use personal mobile phone to register onto cStock and deregister from cStock
6. Add and remove products managed by the HSA from cStock
7. Use personal mobile phone to report product stock on hand for products managed
8. Describe when stock on hand information should be reported and what happens if their report is late

Time: 90 minutes

Materials:

Flipchart, markers
 Mobile phone for each participant
 Black markers

Handouts:

EM HSA cStock Job Aid

Prepared Flipcharts:

Drawing of the flow of information and product resupply
 Products list for the training
 Facility codes

Trainer Preparation:

Prepare flipcharts before the session.
 Ensure facility codes are available for the facilities in the district you are conducting training

Learning Activities Summary:

| Title | Type | Time |
|---|---------------------------------|------|
| 1. Session Introduction | Lecturette | 10 |
| 2. Flow of Information in cStock System | Review of Diagram | 15 |
| 3. Adding cStock to Your Contact List | Phone Set-Up | 10 |
| 4. Registering and De-Registering on cStock | Programming Mobile Phone | 30 |
| 5. Adding products to Your cStock Profile | Lecturette/Practice with Phones | 20 |
| 6. Session Conclusion | Trainer Remarks and Q&A | 5 |

Learning Activities:

1. Session Introduction – Lecturette – 10 minutes

Explain that over the course of the next two days we will be learning about the Enhanced Management Approach. The objective of this approach is to provide them with some skills and tools to improve the supply chain for community health products in your district and in doing so increase the availability of health products at the community level. There are two aspects to the Enhanced Management Approach, one is cStock and the other is the District Product Availability Teams (DPAT)/Health Centre Availability Teams (HPAT). Explain that today they will be learning about cStock and tomorrow they will learn more about DPAT/HPAT and how cStock is used by the DPAT/HPAT to improve supply chain performance.

Explain that cStock is a system that uses mobile phone technology to capture and convey logistics information through text messaging. These messages go to a computer application that calculates the resupply quantities needed and communicates this with the health centre. The information is also displayed 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.

Ask participants what might be some of the advantages of reporting and requesting products through mobile phone rather than using a paper form. Take a few ideas and then explain that when cStock was piloted in the initial 6 districts HSAs said in an evaluation at the end of the pilot that cStock

- Saves time as health centre can tell you by SMS not to come if they have no products
- Less burdensome than filling out paper forms
- Nags that remind you to report
- Improves accountability
- Improves communication with the health centre
- And more.....

In this session, we will discuss how this system works and get everyone registered into the system.

2. Flow of Information in cStock System– Diagram Review – 15 minutes

Refer participants to the diagram in Section IV.A in the EM SOPs and use it and the prepared flipchart of the diagram to explain how supply information flows from the HSA to the health facility to generate resupply calculations and information on product availability for pickup.

(A summary list of the key steps in the process is on the page following the diagram in the SOPs, for ease of reference.)

Emphasize the following points:

- cStock depends on timely and accurate reporting of stock on hand information by the HSAs, as these reports trigger the rest of the system

- Supplies at the health facility will be handled as they have in the past, with stock being entered on stock cards before they are dispensed to clients or other providers. The stock card remains the documentation of products moving in and out of stores and it is critical that this system remain functional.

Answer any questions or concerns participants may have.

3. Adding cStock to Your Mobile Phone Contact List/Address Book – Phone Set-Up – 10 minutes

Explain to participants that in addition to having the SOPs for reference there is another job aid for them to use that summarizes the information on how to send messages to the cStock system. Distribute the **EM HSA cStock Job Aid** to all participants.

Ask participants to take out their mobile phones. First ask participants to add cStock to their address books and to enter either of the following short codes as the cStock phone number depending on which phone service they use:

Airtel: 3838

TNM: 3838

Explain that the cStock access code is a short code that allows the user to send cStock SMS messages without incurring any cost to the user. Since there are two possible phone companies in Malawi for this service, the code that you use to send a message should be the one for your telephone service.

Be sure all have added cStock to their contact list before proceeding.

4. Registering and De-Registering onto cStock – Program Mobile Phone – 30 minutes

Have the participants split into small groups with trainers and HSA supervisors assisting each group.

Explain to participants that in order to receive information from cStock they must be registered into the system. Ask participants to turn to the job aid called “Registering onto cStock.”

Ask for a participant to read aloud the top part of the job aid. Ask for another participant to read aloud step 1.

Point out that the job aid instructions here are divided into two parts – one for HSAs and one for managers. Ask a participant to read step 2a and 2b. When done, point out that when an HSA registers the first word in the message is “register” instead of “manage”, and that they HSAs register with an id number and that managers register with their role.

Before proceeding to the notes, point out a few things about writing formatted SMS messages to cStock:

- Messages can be written in small or capital letters
- There needs to be a space between each element in a message, commas are not necessary

Review the notes with participants.

Note that before they can register, HSAs must be given their ID numbers and both HSAs and HC staff need to know the code for their facilities.

Explain that HSA numbers are to be assigned by the HSA Supervisors and are just simple numbers starting from 1 up to 99.

Ask participants to find the facility codes in the annex of the SOP if included or write them on the flip chart and display them. *If not included, provide the facility codes on a separate hand out*

Choose one HSA and ask the HSA supervisor to assign a number to the nominated HSA and write it on the flipchart. Ask the HSA what to check on the hand out/list on flip chart what their facility code is. Write that on the flipchart. Explain that when the system reports back the number it will look like this:
[facility code][number]. This is the HSA ID number.

For example, if you are HSA 1 for Kasitu HC (code: 1151) in Nkhotokota your number will be:

115101

Ask each HSA Supervisor to assign numbers to their HSAs. Ask the supervisors to keep a list of the assigned codes and the HSAs to note their HSA ID number on their job aid with a black pen.

Then ask participants to register themselves in cStock.

As participants finish and receive their confirmation message, check to be sure each participant has registered successfully.

Point out the job aid on De-Registering from cStock. Review the procedure, noting how easy it is.

5. Adding Products to Your cStock Profile – Lecturette and Phone Work–20 minutes

Explain that since not each HSA manages the exact same set of community health products, for example some may be trained to dispense family planning products or conduct HIV tests and others may not, it is important that the cStock system know what products each HSA manages. If it didn't know it may report that you forgot to pick up a product that you really don't manage. So when starting we need to tell cStock what products you manage.

Tell participants that each product has a unique code to identify it. Ask participants where they can find these codes. They can point it out on their job aid. It is also found in the annex of the SOP. Review the list. Note the difference between LA 1 x 6 and LA 2 x 6.

Ask participants to look at their SOP manuals for the job aid “Associating Products/Disassociating Products with Individual HSAs.” Briefly review the procedure and review the HSA cStock job aid and note the format of the message that should be sent. Point out how simple this is.

Tell the HSAs that for this training they are going to add the following products to their profile (shown on flipchart), and that at the end of the training they can adjust the list for what they really manage if it is a different list.

| Products for the Training: |
|-----------------------------------|
| La 1 x 6 |
| LA 2 x 6 |
| Amoxicillin dispersible 250 mg |
| Zinc 20 mg |
| DMPA |
| MRDT |
| ORS |

Walk participants through the process of adding these products. Note that only the HSAs can do this. Have the HC staff to follow along with the HSAs near them. Ask participants what message they get after they send the message. It should read as per the job aid. ("Thank you, you now supply: [products]")

Now ask them to remove Zinc from their list by following the procedure at the bottom of the job aid. Ask participants what message they get.

Note that these are the products we are going to use in the exercises we will do in the training. Explain that the data they enter during the training will not be saved in the database and that it is just for practice.

Explain that each HSA will only need codes for the products s/he handles. If the HSA manages more products in the future, appropriate codes can be added at that time.

6. Session conclusion – Trainer Remarks and Q&A – 5 minutes

Ask participants if they have any questions or concerns. Address these. Explain that in the next sessions, we will discuss start discussing how to send information to cStock for reporting and resupply.

3. Reporting Stock on Hand Using Mobile Phone

Session Objectives:

By the end of the session participants will be able to:

1. Use personal mobile phone to report product stock on hand for products managed
2. Describe when stock on hand information should be reported and what happens if their report is late

Time: 90 minutes

Materials:

Flipchart, markers

Learning Activities Summary:

| Title | Type | Time |
|------------------------------|---------------------------------|------|
| 1. Session Introduction | Lecturette | 5 |
| 2. Reporting Stock on Hand | Lecturette/Practice with Phones | 60 |
| 3. When You Forget to Report | Lecturette | 20 |
| 4. Session Conclusion | Trainer Remarks and Q&A | 5 |

Learning Activities:

1. Session Introduction – Lecturette – 5minutes

Welcome participants back and explain that now we will be learning more about cStock so they will need their mobile phones. In particular, we will be learning how to send a text message to report logistics data to cStock.

Ask HSAs how they currently report information on their health products. HSAs should respond they use a Form 1A. Now ask them how often they do this and they should say end or beginning of the month. Explain that cStock uses the same schedule as the paper form.

Now explain the participants that since HSAs report on other data in addition to logistics data on Form 1A that they should continue to submit this form based on related MOH procedures to report on stocks of community health products and related case data.

Ask participants to give reasons why it is important to maintain the existing reporting system.

Possible answers:

- Maintenance of district, regional, and national data systems
- Ability to verify data quality between the two tools and identify problem areas for supportive supervision and improvement
- Reference point in case of discrepancies
- Others...

2. Reporting Stock on Hand – Lecturette and Practice Orders – 60 minutes

Explain that now they will learn to submit what is called the Stock on Hand report to cStock. Refer participants back to the diagram of the information flow. Point out that when stock on hand is reported, a message is generated by cStock that goes to the Health Centre to tell the Health Centre staff how much of each product the HSA needs. It does the calculations for the products. So it is very important to report stock on hand on time.

Ask participants to turn to the job aid in the SOP, pg 26 called “HSAs Report Stock on Hand.”

Ask for a participant to read aloud the top part of the job aid. Then ask another participant to read aloud steps 1 and 2. Go back to the product list and ask participants to tell you in what units the products are counted. Be sure that they note that LA is counted by the tablet, not the blister pack.

Ask for another participant to read aloud step 3. Also point out the format on the HSA cStock job aid. Point out that this is the normal procedure. Ask participants to remind you when they should report stock on hand.

Ask for another participant to read steps 4 and 5 of the job aid.

Now ask for another participant to look down the job aid to the section: **If Your Phone is Not Working or Available**. Ask for a participant to read this section of the job aid aloud. Ask participants what is different between the formats of a normal stock on hand report and when you are using another phone to report stock on hand. They should say that they add “Report” and the “HSA ID” before, but the rest is the same.

Add the following stock quantities to the flipchart of products:

| Products for the Training: |
|--|
| La1 x 6 – 96 tablets |
| LA 2 x 6 – 124 tablets |
| DMPA- 12 vials |
| Amoxicillin dispersible 250 mg – 120 tablets |
| MRDT – 50 test kits |
| ORS – 50 sachets |

Ask the HSA Supervisors to work with the HSAs to practice sending stock on hand reports via their mobiles, following the instructions in the SOPs. Trainers should circulate to assist the teams as they practice.

When done, ask participants to tell you what message they got. Confirm that it is the same as found in the job aid.

Ask participants to do this again using the following information:

Products for the Training:

La 1 x 6 – 120 tablets
LA 2 x 6 – 248 tablets
DMPA- 20 vials
Amoxicillin dispersible 250 mg – 60 tablets
MRDT – 20 test kits
ORS – 30 sachets

Review with participants the main points by asking the following questions:

- When should you report stock on hand?
- For what products should you report stock on hand?
- Where do you find the product codes?
- What do you do if your phone isn't working?

3. When You Forget to Report – Lecturette– 20 minutes

Explain that the cStock system will help you remember to report on time. Explain that 1 day before the stock on hand should be reported cStock will send a message to each HSA to remind them to report. And if the HSA forgets to report, then the system will send additional text messages. Ask participants to turn to the “nags” after the “HSAs Report Stock on Hand” job aid. Explain the word **nag as a reminder for participants to send their reports.**

Then have a few participants read aloud the nags.

“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 day 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 after 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.”
- 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.” This nag also will be sent to the HSA Supervisor and Pharmacy In-charge for follow-up and will say "HSA (name) has failed to report their stock on hand this month.”

Note that if the report is 3 days late the supervisor is also notified. Ask the supervisors what they should do when they receive a nag that a certain HSA hasn't reported. Discuss this issue.

4. Session conclusion – Trainer Remarks and Q&A – 5 minutes

Ask participants if they have any questions or concerns. Address these. Explain that in the next sessions, we will discuss issuing and receiving stock as well as handling low stocks and stock outs.

4. Issuing and Receiving Health Commodities

Session Objectives:

By the end of the session participants will be able to:

1. Set up and use the Integrated Community Case Management (iCCM) product worksheet to record and track product resupply quantities for HSAs
2. Prepare and issue HSA orders in a timely manner and notify HSAs that the order is ready
3. Report quantity received data to the cStock system according to the specifications and timeline outlined in the standard operating procedures
4. Report quantities transferred between HSAs

Time: 120minutes

Materials:

- Flipchart, markers
- Mobile phones
- Requisition and Issue Voucher (RIV)

Hand outs:

- EM SOPs for reference
- Copy books

Prepared Flipcharts:

- Flipchart of quantity required message, Activity 2
- Transfer scenario Activity 5
- Receipts from Other Sources Activity 6

Trainer Preparation:

- Prepare flipcharts before the session.

Learning Activities Summary:

| Title | Type | Time |
|---|------------------------------------|------|
| 1. Session Introduction | Lecturette | 5 |
| 2. Setting Up the Resupply Worksheet& Sending Ready Message | Demonstration and Small group work | 35 |
| 3. Out of Stock Message | Interactive Lecturette | 15 |
| 4. Notifying Health Centre of Quantities Received | Small group work | 30 |
| 5. Transfers between HSAs | Lecture & Partners Exercise | 25 |
| 6. Session Conclusion | Trainer Q&A | 10 |

Learning Activities:

1. Session Introduction – Trainer Remarks – 5 minutes

Remind participants that yesterday they learned about reporting stock on hand to the cStock system. Return to the diagram of information flow and ask them what happens after the stock on hand is reported. They should say that they system will calculate the quantity of each product the HSA needs and send a message to the Health Centre with this information.

Explain that in this session we will look at how the Health Centre should organize the information on resupply that they get and how the HSA should report that she has received the products.

2. Setting up the Product Resupply Worksheet and Sending Ready Message– Small Group Activity – 35 minutes

Ask the HSA supervisors if they received any information on their mobile phones yesterday after the HSAs reported their stock on hand. If they are properly registered into the system they should have received messages about the quantities of each product that each HSA who is resupplied by their Health Centre needs, based on the stock on hand information provided or they should have received a message that indicates that an HSA doesn't need any products.

Ask participants what should happen next. The answer should be that the Health Centre should prepare the order for the HSA to pick up. Ask how many HSAs are resupplied from each Health Centre. Discuss that there could be quite a few so it would be hard to keep track of all the text messages on the phone, so the HSA supervisor should set up a table to track the order quantities as they come in. Ask participants to look in the SOP manual, pg 27 at the sample resupply worksheet. Review the worksheet format. Distribute copy books to participants and ask them to draw the worksheet in the copy book.

Explain that cStock will send each HSA's order message to the Health Centre HSA Supervisor and Pharmacy Incharge. Explain that usually the HSA Supervisor will fill in the worksheet and then work with the drug store in-charge to pick and pack the order, but that they will both get a message about an order from cStock. Note that the message will look like this: (written on flipchart beforehand)

“Sarah Banda needs the following products: dm 60, am 324, la 240, lb 44, mrdt 40. or 30 Respond 'ready 101203' when products are ready for pick up. [Order sent by Sarah Banda on 02/11/2020].”

Ask participants to fill in the worksheet with the appropriate information: Explain that for each HSA this information should be filled in the Quantity Requested row. Now tell participants that once the HSA supervisor has entered the requested quantities on the Resupply worksheet, s/he works with the Pharmacy In charge to pick and pack a HSA order, then records the quantities packed in the supplied row for each HSA on the worksheet.

Display the flip chart (written on a flip chart beforehand) with the resupply quantities and ask the participants to use the information to complete the supplied row for each HSA on the worksheet.

The HSA supervisor responded on 04/11/2020. He packed the following quantities of products for Sarah Banda: dm 60, am 300, la 240, lb 48, mt 50, or 30. The HSA came to collect medicines on 06/11/2020.

Facility Resupply Worksheet

| HSA Name | HSA Code | Status | Date | LA | LB | AM | PA | MRD T | OR | DM | Date Collected | Signature |
|-------------|----------|-----------|---------------------|-----|----|-----|----|----------|----|----|----------------|-----------|
| | | | Requested/Responded | | | | | | | | | |
| Sarah Banda | 101203 | Requested | 02/11/2020 | 240 | 44 | 324 | 0 | 50 | 30 | 60 | | |
| | 101203 | Supplied | 04/11/2020 | 240 | 48 | 300 | 0 | 50 | 30 | 60 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Check that participants have done this correctly. Note that the worksheet should be completed each time a resupply message comes in.

Ask participants to turn to the job aid “Health Centre Receives Resupply Information, Prepares Orders, and Notifies Order Ready” and have participants take turns reading the job aid aloud through step 7.

Ask HSA Supervisors to fill in their worksheets with information they may have received from the SOH reports made yesterday. The SHSAs, Pharmacy Incharge and health centre In-Charges should look on. Then they should respond Ready by SMS to each HSA for whom they have written orders on their worksheets. The HSA supervisor should ensure that all orders are written on Requisition and Issue Voucher (RIV) and authorised by the In charge (Show RIV). Note that once an order is ready, they can put the date in the Completed column on the worksheet.

Ask HSAs to note if they receive a message about their orders being ready. Ask them to read aloud the message from their phones. It should say:

“Dear [HSA], your pending order is ready for pick up.”

Ask the HSA Supervisors what message they get. They should note that they will get a message that says:

“Thank you for confirming the order for [HSA].”

3. Out of Stock Messages – Interactive Lecturette – 15 minutes

Ask participants if there is ever a case when no products can be supplied to the HSA because there is no stock at the Health Centre. Note that this is the situation we are trying to avoid always, but it could happen. In this case it is important to notify the HSA(s) in question, the Supervisor, In-Charge, District IMCI Focal Person and District Pharmacist that there is no stock to fill an HSA order so that other solutions can be found. Remind participants of our mission and vision that there will always be products available for patients seen by the HSAs.

Read aloud the remaining steps of the job aid about reporting the stock out and the messages that will result and who will get them.

Ask participants what solutions could be found if there is no stock available for the HSAs at the Health Centre. Discuss options and note them on the flipchart. Some ideas may be:

- Get supplies from another HSA or Health Centre
- Get supplies from the District Hospital
- Others...

4. Notifying Health Centre of Quantities Received – Small Group Activity – 30 minutes

Explain that in order for the cStock system to keep track of the stock information for the HSAs it needs to know how much of each product is received. Explain that there are different procedures for the HSA to report a receipt for product from: (write these on flipchart)

- Receipt from Health Centre
- Receipt from another HSA (transfer)
- Receipt of product from another source

Tell participants that there is a job aid for each of these procedures and that they will be practicing sending the receipt messages:

Ask participants to work in small groups of HSAs and Supervisors or Pharmacy In charge. Ask them to turn to the job aid “HSA Receives Resupply and Reports Quantity Received from Health Centre”. Ask the groups to review the job aid together reading the different parts aloud and for the HSAs to report receipt of the following products written on flipchart previously using their phones:

dm 60, am 324, lb 44, mrdt 16, la 240

After a few minutes when participants have finished this task, ask them how they know they were successful in reporting the receipt. They should have gotten a message that thanks them for reporting the receipt. Ask participants what will happen if they forget to send the message. The system will have the wrong information for them, and they will receive reminder messages. Review the nags found in the SOP that will occur if the product received message is not sent. Ask supervisors what their role is in ensuring that the information is reported. Discuss briefly.

5. Transfers between HSAs – Lecturette and Partners Exercise – 25 minutes

Tell participants that it may be possible that one HSA borrows or receives products from another HSA. This is called transfer. Ask participants to turn to the job aid “HSA Reports Quantity Transferred between HSAs”. Review the job aid and then ask HSAs to partner with another HSA, HSA Supervisor or In-Charge. Give them the following scenario (written on flipchart):

Transfer Scenario

One HSA has given 120 tablets of amoxicillin to another HSA.

Ask participants to take turns reporting this transfer using their phones referring to the job aid as needed. After a few minutes ask participants how they know they are successful.

6. Session Conclusion – Trainer Q&A – 10 minutes

Ask if there are any questions. Reinforce the importance of reporting receipts. The trainer should explain that the next session will deal with low stocks and stock outs. S/he can conclude the session by asking participants questions related to the reporting they have practiced so far, such as:

- Do they feel confident using the reporting formats they have practiced so far?
- Do you anticipate any problems using the system?
- Do they feel a need for further practice on any part of the system they have learned so far?

5. Handling Low Stocks and Stock Outs

Session Objectives:

By the end of the session participants will be able to:

1. Use personal mobile phone to report product or products that are at or below the established emergency order level
2. Use personal mobile phone to report stock outs of product
3. Respond to HSA stock outs and emergency orders as possible
4. Coordinate with District staff in case Health Centre cannot fill emergency or stock out order

Time: 105 minutes

Materials:

Flipchart, markers

Prepared Flipcharts:

Emergency Order Report or Not flipchart

Trainer Preparation:

Trainers should prepare flipcharts ahead of the session.

Trainers should copy the problem strips, cut them along the lines, and fold and place them in a box or other container before the session.

Learning Activities Summary:

| Title | Type | Time |
|--|--|------|
| 1. Session Introduction | Brainstorm | 10 |
| 2. Reporting Stock at Emergency Order Level or Low Stock | Interactive Lecturette, Group Exercise, Job Aid Review | 45 |
| 3. Reporting Stock outs | Interactive Lecturette & Job Aid Review | 25 |
| 4. Nags and Alerts | Pairs Activity & Discussion | 20 |
| 5. Session Conclusion | Participant Summary | 5 |

Learning Activities:

1. Session Introduction – Brainstorm – 10 minutes

Ask participants to brainstorm why they think low stocks and stock outs of products are so disruptive to community health programs.

Possible answers

- Community does not have products when they need them
- Lack of products has a negative impact on health outcomes and can be life threatening
- Disruption of availability in contraceptives can cause pregnancy and side effects
- Low and no stock undermines community confidence in the HSA and in the quality of services

Explain that the goal of the EM approach is to improve the continuity of supply of community health products provided by HSAs. The best way to do this is to ensure you always have adequate stocks available at the village clinic and reduce emergency orders and stock outs as much as possible.

2. Reporting Stock at Emergency Order Level or Low Stock – Interactive Lecturette, Group Exercise, Job Aid Review - 45 minutes

Ask participants what they think an emergency order is. Discuss briefly that an emergency order is an order that is placed at a time other than the normal order time because the stock levels are so low that there is a risk of a stock out. Note that a stock out is the worst thing that could happen in the management of community health products.

Explain that while the HSAs don't place orders directly, that when they submit their stock on hand, an order is generated. Explain that in the same way, when stock levels of products that HSAs manage get to a very low point and it's not time to report stock on hand, the HSA should report that there are one or more products at the emergency order point.

Ask participants to turn to the chart of the Emergency Order Point Quantities found on their HSA cStock job aid and in their SOP manuals (pg 33). Explain that not all products have an emergency order point, only the most crucial do. Review the chart. Note that at any time the quantity of these products are at or below the quantities on these charts, the HSAs should send in an emergency order SMS message to the cStock system.

Tell participants they we are going to do a quick activity to be sure they understand the chart. Show the following flipchart:

| Product | Stock on Hand | Report Emergency Order ? Yes or No |
|--------------------|---------------|---|
| Condom – Male | 25 pieces | Yes <i>(trainer, do not write these answers on flipchart)</i> |
| LA 2 x 6 | 24 tablets | Yes |
| ORS | 13 sachets | No |
| Condom – Female | 22 pieces | Yes |
| Amoxicillin 250mg | 58 tablets | Yes |
| Paracetamol 500 mg | 40 tablets | No |
| DMPA | 8 vials | No |
| LA 1 x 6 | 60 tablets | No |
| Zinc | 60 tablets | Yes |
| MRDT | 10 test kits | Yes |

Ask for 10 participants and give a marker to the first participant to fill in either yes or no as to whether an emergency order report message should be sent. Each should fill in for one product and hand the marker to another participant until they are done. After they have completed the chart, ask the whole group if they were right. Correct any that need changing.

Now ask participants to turn to the job aid “HSA Reports Emergency Order/Follow-Up Actions” in the SOP manual. Review the job aid asking participants to read aloud different parts. After reading step 3 have HSAs actually report the emergency order for the products on the list that they manage which are LA, LB, ORS, AM and ZI. (They should not report on the products that they didn’t add during the registration process.)

Ask the HSA Supervisors, Pharmacy In charge and Health centre In-Charges to read aloud the messages they get on their phones after the HSAs send in the emergency order. Then review step 4.

Trainer should then carefully review the remainder of the job aid with participants. Discuss the consequences of the Health Centre being stocked out and not able to resupply the emergency order products. Discuss what actions can be taken to resolve this situation.

3. Reporting Stock outs – Interactive Lecturette& Job Aid Review – 25 minutes

Remind the participants of the list they made in Session 2 on possible reasons community health products are not always available.

Possible answers:

- Failure to report and request resupply in a timely way
- Lack of stock at the health centre level
- Failure to transport sufficient stock at one time from health centre to HSA
- Others...

One of the things they will learn about tomorrow is how DPAT will work to support the system for dealing with low stock and stock outs. When HSAs use cStock to report low or no stock, the supervisor will work, as needed with the District Program Coordinators and District Pharmacy in charge to resolve supply issues.

Ask participants what you mean by a stock out. They should reply that it is when there is no stock of a product, a zero balance. Reinforce that HSAs should report the stock out at any time the stock level of a product is zero.

Ask participants to turn to the job aid “HSA Reports Stock Out/Follow-Up Actions.” Review the job aid as done before with other job aids. Note that the procedure for reporting a stock out is the same as reporting an emergency order. The only difference is that the stock level for the stocked out products will be zero (0).

At step 3, change the stock on hand quantity for LA 2 x 6 on the flipchart to zero (0) and have participants actually report the stock out for LB and the stock levels for the other products they manage.

Ask HSA Supervisors, Pharmacy Incharge and Health centre In-Charges what the message is that they receive as a result.

Finish reviewing the rest of the job aid with participants and answer any questions they might have.

4. Nags and Alerts – Pairs Activity & Discussion – 20 minutes

Write the word Nag on a flip chart

Remind participants that we discussed nags on Day1of the workshop. Ask them to explain what they remember about nags. Take a few responses.

Then, remind them that a **Nag** is a message that will come to you on your phone that is a **reminder** of something for you to do. For example, if an HSA forgets to send the stock on hand information to cStock, cStock will send a message to remind the HSA to report. Explain that after a few nags, the system will also send a nag to the HSA Supervisor and in some cases the District Program Coordinators.

Remind participants where the nags are described in the SOP manual. Tell them that cStock will also send nags if they forget to report on the products they receive.

From SOP:

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

5. 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]..."
6. 5 days after the order "Ready" has been sent to the HSA; in addition a message will be sent to the HSA Supervisor and Pharmacy Incharge. 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.””

Ask participants what they should do if they get a nag. Discuss briefly.

Now ask participants in what situations they might want to be notified when there is a supply problem. Take a few answers and then tell participants that with the cStock system, in addition to looking at reports and identifying supply problems, that the system will notify them when a serious supply problem has occurred – through an SMS Nag and an Alert. Write the words **Alert** on the flipchart.

Explain that an **Alert** is a message that will go to District staff and Supervisors on their phone that reports when a serious supply problem such the Health centre being unable to resupply community products occurs. Write **Urgent Attention Required**.

Note that District staff can get the details about Alerts on the dashboard. They can find out where there is a supply problem with an HSA and what the reason is for that problem. Explain that alerts occur when there is:

- Stock out of community health product at a Health Centre
- Stock out of community health product at an HSA that cannot be resupplied by Health Centre
- Emergency order of community health product at HSA that cannot be resupplied by the Health Centre
- HSA has not reported stock on hand data in one month
- HSA supplied but remains at or below emergency order quantity

Tell participants that they are now going to do a brief exercise on problem solving when they get a nag. Ask participants to find a partner. Tell participants that they are to take a problem strip from your basket, and spend 5-10 minutes discussing with their partner the action they should take to solve the problem. Distribute problem strips.

After 10 minutes, ask each pair to describe their problem and their solution to the problem. Discuss each and ask for other participants to contribute or offer other solutions.

7. Session conclusion – Participant Summary – 5 minutes

Ask a participant to summarize the key points related to avoiding stock outs and low levels of supply.

Problems to be cut into strips, folded and put into a basket, hat or box.

You are an HSA named Ruth Banda who is farthest from the Health Centre. You have received a nag because your report on stock on hand is 3 days late.

You are the HSA Supervisor at Mposa Health Centre. Mary Msoya, HSA 2 picked up her community health products 5 days ago and has not reported the receipt. When you contacted her she said her phone wasn't working.

You are Jane Butao, an HSA who forgot to report that you received your community health products 5 days ago.

You are an HSA, Sarah Shola, who receives repeated error messages on her phone when she tries to submit her stock on hand report. This is the second month in a row that you have had difficulty completing the report.

You are an HSA in Machinga district. You have heard from a fellow HSA in your district that Chamba Health Centre has a stock out of Amoxicillin 250 mg.

You are an HSA supervisor based in Mpiri health centre. You have just received an alert that Doris Banda, an HSA who gets her community health products from this health centre has a stock out of ORS packets. Mpiri health centre is also stocked out of ORS.

You are an HSA supervisor and you notice that one of the HSAs who lives far from the health centre often stocks out of LA, but rarely of other products that come in smaller packages.

You are an HSA without a cell phone.

6. Homework Assignment

Session Objectives:

By the end of the session participants will be able to:

1. Deregister from cStock
2. Identify key learning for the day
3. Review Enhanced Management SOP

Time: 15 minutes

Trainer Preparation:

Prepare flipchart of homework assignment.

1. Closing – Trainer Review/Q&A – 10 minutes

Ask participants to note places where they are unclear or have questions. After you have completed the summary, take the questions and comments. Answer those that you can in the time allowed and write the others down and say they will be addressed in the first session in the morning. Briefly review the agenda for Day 2.

2. Homework Assignment – 5 minutes

Ask participants to review the SOP manual for homework and to do the following. Show flipchart of homework assignment.

Homework Assignment

Review the SOP manual. Write 3 questions on the content. Be able to answer the questions.

Note that in the morning they will have a chance to quiz their colleagues on the questions in the morning.

Thank participants for their participation today.

7. Introduction to the Day and Homework Review

Session Objective:

By the end of the session participants will have reviewed content from the SOP Manual.

Time: 30 minutes

Materials:

Flipchart paper, markers

Learning Activities:

1. Opening – 5 minutes

Briefly review the agenda for the day. Resolve any questions or issues that were pending at the close of Day 1.

2. Q & A Homework and Review – Quiz – 25 minutes

Explain that participants will be quizzing each other. Ask participants to form groups of threes. If the number of participants doesn't break evenly into threes, then make one group of two or four. Tell participants that they are to take turns quizzing each other on the content of the SOP Manual using the questions they developed for homework. Tell them that if there is a disagreement about the answer, or participants are unable to answer the question, they should look the answer up in the manual. Participants should continue quizzing each other until they have finished their questions or until the trainer calls time. Call time after 20 minutes and spend a few minutes answering any questions participants might have.

8. Community Managed Health Programs

Session Objectives:

By the end of the session participants will be able to:

1. Describe the purpose and general content of community health programs, including diseases and conditions covered
2. Describe the importance of community health programs for achieving the government of Malawi's health goals
3. Demonstrate understanding of the need to allocate budget and product to community health programs

Time: 40 minutes

Materials:

Flipchart, markers

Prepared Flipcharts:

Leading Causes of Under-5 Mortality, Malawi context

Trainer Preparation:

Prepare flipcharts ahead of the session. Be familiar with national IMCI strategy in order to make appropriate preferences.

Learning Activities Summary:

| Title | Type | Time |
|--|---------------------------------|------|
| 1. Session Introduction | Lecturette | 5 |
| 2. Community Health Managed Programs | Lecturette/Discussion | 10 |
| 3. Benefits of Community Health Programs | Small Group/Plenary Discussion | 20 |
| 5. Session Conclusion | Participant Recap of Key Points | 5 |

Learning Activities:

1. Session Introduction – Lecturette – 5 minutes

Introduce the session by explaining that this workshop focuses on the supply chain for community health products, including those specifically used for community case management (CCM) of the three common childhood illnesses--malaria, diarrhoea, pneumonia--and other community health programs, such as family planning (FP) and Expanded Programme on Immunization (EPI). Although participants are familiar with CCM and other community health programs, it is critical to understand the overall purpose of these community health programs, how they relate to Malawi's overall child health/maternal health/EPI programs, and why supply chain management is critical for their success.

1. Community Health Managed Programs – Lecturette / Discussion – 10 minutes

Explain that, the global community, including the government of Malawi, has committed to achieving the Sustainable Development Goals (SDGs) of ending preventable deaths of new born and under-five children by 2030; reducing global maternal mortality ratio to less than 70 per 100.000 live births, and halt the spread of HIV and AIDS by 2030. The goal for Malawi is to ensure healthy lives and promote well-being for all at all ages (emphasis on the targets)

As one strategy to address some of these goals, the government of Malawi has implemented some community-based programs to improve coverage and impact by taking health services to hard-to-reach communities.

i) iCCM

Ask participants if they know what iCCM stands for. Answer should be integrated Community Case Management. Now ask them what the definition of iCCM is.

Be sure that the definition includes the following key points:

iCCM is a global strategy supported by the government to improve treatment of the most common health conditions that kill children, especially in hard-to-reach areas where facility-based services are not available.

ii) IMCI

Now ask participants what IMCI stands for. Answer should be that IMCI stands for Integrated Management of Childhood illnesses.

Explain that iCCM is part of IMCI and that it focuses on managing the most common causes of under-5 mortality in developing countries. Once you have a few ideas then review the prepared flipchart of the conditions responsible for most under-5 mortality in developing countries.

Review the flipchart of the conditions responsible for most under-5 mortality in developing countries.

Leading Causes of Under-5 Mortality, Malawi Context (MDHS 2016)

- Malaria (14%)
- HIV (14%)
- Diarrhea (8%)
- Pneumonia (12%)
- Neonatal causes (34%).

Explain that iCCM is aimed at addressing these critical causes of child mortality in the most affected geographic areas.

iii) Family Planning

Ask participants why family planning is important for reducing maternal mortality?

Be sure that it includes the following key points:

Family planning saves women's lives. Family planning could prevent as many as one in every three maternal deaths by allowing women to delay motherhood, space births, avoid unintended pregnancies and abortions, and stop childbearing when they have reached their desired family size.

Ask participants if they know the fertility rate in Malawi? Then show flipchart.

Spacing Births to Improve Maternal Mortality (2010 to 2016, DHS)

- Total fertility rate (children per women) (5.7 to 4.4)
- Percentage of married women currently using any modern method of family planning (42.2% to 58%)

iv) HTS

Ask participants what HTS stands for? Later they should give examples of HTS applicable to them

Possible answers:

HTS stands for HIV Testing services. Examples include Condom use, counselling etc

v) **EPI**

Now ask participants the coverage of specific vaccines in the district/facility level?

| Vaccine | Health Center | District | National |
|-------------|---------------|----------|----------|
| BCG | | | |
| MR | | | |
| OPV | | | |
| Pentavalent | | | |
| Rota | | | |
| PCV | | | |

Ask participants why EPI is important in preventing the spread of vaccine Preventable diseases.

- Promotes immunity
- Reduces infants and child morbidity and mortality in under five children

You can see that in order to address these gaps for health services the Ministry of Health is offering community health programs to benefit underserved populations in hard to reach areas.

2. Benefits of Community Health Programs and why supply chain is important– Small Group/ Plenary Discussion – 20 minutes

- Small Group Discussion (10 minutes)

Divide the participants into four groups and have each discuss and list the benefits of iCCM and other community health programs and why supply chain is important to these programs. Tell them in advance that they will need to summarize and report their findings in plenary.

- Plenary presentation (10 minutes)

Have each group present its summary benefits in plenary. Be sure that the following key points are included in the discussion.

Benefits of iCCM and Community Health Programs:

- Allows essential child and maternal health care and family planning, to be taken to underserved populations in hard to reach rural communities.
- Community health program approach increases the total numbers of clients receiving appropriate treatment and health services when they need it, rather than just changing the place where they get such services
- The presence of trained HSAs in communities does increase both availability of services and knowledge and willingness of families to seek appropriate care.
- iCCM targets hard-to-reach areas that typically have higher mortality rates than areas closer to existing health facilities.

Importance of Supply Chain for these Programs:

- iCCM is a treatment program and treatment requires products
- FP requires contraceptives to be available to prevent unplanned pregnancies
- Lack of products undermines confidence in the program and lowers community demand for poor or unavailable services
- Others...

Remind participants that the MOH in Malawi strives to integrate systems at all levels, including the community level. HSAs manage over 20 community health products for iCCM and family planning. This means that supply chain management for iCCM must take into account other products HSAs manage and that improvements made for iCCM have the potential to benefit a broad range of services that HSAs offer.

3. Session conclusion – Participant Recap – 5 minutes

Have a participant summarize the key points that were covered during this session.

9. Purpose of the Enhanced Management Approach

Session Objectives:

By the end of the session participants will be able to:

1. Describe the purpose, content, and time frame of the Enhanced Management (EM) approach
1. Understand the relation of the EM approach to current procedures for managing community health products

Time: 45 minutes

Materials:

Flipchart, markers

Trainer Preparation:

Prepare flipcharts ahead of the session. Be familiar with EM SOPs to make appropriate references.

Learning Activities Summary:

| Title | Type | Time |
|--|-------------------|------|
| 1. Session Introduction | Lecturette | 5 |
| 2. Problems with Regular Supply of Community Health Products | Brainstorm | 10 |
| 3. Introduction to the EM approach | Lecturette | 15 |
| 4. Relation of EM Approach to Current Procedures | Lecturette | 10 |
| 5. Session Conclusion | Participant Recap | 5 |

Learning Activities:

1. Session Introduction – Lecturette – 5 minutes

Explain that in this session participants will learn about the Enhanced Management approach, the purpose of which is to support team-based problem solving to improve regular supply of health products at the community level. They will also learn how this approach relates to existing reporting and resupply procedures of the MOH.

2. Problems with Regular Supply of Community Health Products–Brainstorm–10 minutes

Ask participants to brainstorm reasons that community health products may not be regularly available at the HSA level for community use. Write responses on a flipchart.

Possible answers:

- Failure to report and request resupply in a timely manner
- Lack of stock at the health centre level
- Failure by district to respond timely to stock outs at HF
- Lack of broader appreciation on value of maintaining adequate stocks at HSA level by different levels of players
- Poor coordination and communication of product needs
- Others...

3. Description of the EM Approach– Lecturette/Group Discussion – 15 minutes

Explain that the Enhanced Management approach is a set of procedures that are being rolled out in this District to improve the supply chain for community health products in Malawi. Explain that this approach was tested and proved to be effective in the test districts (Nsanje, Nkhotakota, and Kasungu) and therefore the Ministry of Health through HTSS and IMCI Program approved the package for national scale up.

Distribute the EM SOPs and ask participants to turn to and briefly review the overview of the EM SOP (Section I) and help generate a list of the key objectives of the EM intervention. Write the list on the flipchart. Be sure it includes the following EM objectives:

- Promote and foster a team vision and commitment to ensuring the availability of community health products at all levels in the health system
- Promote supply chain goal setting, performance monitoring, and recognition of superior performance to enhance effective team performance
- Improve communication and collaboration among team members bound by a common goal
- Promote the use of data to guide timely problem solving and decision making at district and lower levels to solve supply chain issues

After discussing the objectives of EM, ask participants to now read the **core features of the EM approach**. Spend a few minutes explaining what each mean and mention that we will be learning about these features over the next two days.

Using the brain storm list from the previous activity on ‘problems with the regular supply of community health products’ ask the participants to identify and put a check mark next to each problem they feel can be managed using a team approach and the objectives as designed in the EM approach

4. Relation of EM Approach to Current Procedures– Lecturette – 10 minutes

Explain that, during the workshop, participants will be learning how to use information made available through cStock, a product availability information system that uses mobile phones. The workshop will also focus on a team approach to problem solving to ensure product availability. Since HSAs report on other data in addition to logistics data and cStock focuses only on logistics data, health workers at community level will continue to use the existing, paper-based Form

1A and related MOH procedures, to report on stocks of community health products and related case data.

Ask participants to give reasons why it is important to maintain both cStock and other existing paper-based LMIS forms:

Possible answers:

- Maintenance of district, regional, and national data systems
- Ability to verify data quality between the two tools and identify problem areas for supportive supervision and improvement
- Reference point in case of discrepancies
- Others...

5. Session conclusion – Participant Recap – 5 minutes

Ask a participant to summarize key points of the session, using the session outline as a prompt for main areas covered. Have other participants add to the summary, as needed, and fill in any gaps.

10. Forming District/Health Centre Product Availability Teams (with a Goal, Performance Targets and Recognition)

Session Objectives:

By the end of the session participants will be able to:

- 1 Articulate the purpose and goal of their Product Availability Team
- 2 Describe basic ways that good and/or improved performance can be recognized
- 3 Understand and revise, as needed, district performance targets and recognition plans

Time: 75 minutes

Materials:

Flipchart, markers

Prepared Flipcharts:

Small Group Assignments for Activity 2

Trainer Preparation

Prepare flipcharts ahead of the session

Product Availability Team goal statements developed during the District/Cluster staff training should be available for this session

Factors that Motivate Workers

Draft Recognition plan prepared by District-Cluster Supervisor team

Trainer Preparation:

Cluster Supervisors should bring to this session the refined district goal and performance target statements their teams developed during Session 4 and the performance recognition plans that they developed at the District EM Training to discuss with their teams.

Learning Activities Summary:

| Title | Type | Time (min) |
|---|--|------------|
| 1. Introduction to Session | Lecturette | 5 |
| 2. Goal and Performance Targets of District Product Availability team | Lecturette/small group work Discussion | 40 |
| 3. What Motivates Workers? | Brainstorm/Discussion | 10 |
| 4. Review of Performance Recognition Plans | Small Group Work | 15 |
| 5. Session Conclusion | Participant Remarks | 5 |

1. Introduction to Session – Lecturette – 5 minutes

Explain to participants that development of the DPAT Goal and performance targets and conducting of DPAT/HPAT Meetings are necessary but not in themselves sufficient to achieve optimum performance in community level supply chain management. Tell them that it takes a well-motivated team to direct their individual energies in a manner that sufficiently aligns their actions with team goals – hence the need to promote motivation through recognition of best performing staff and facilities.

Ask the participants what they perceive as the difference between rewards and recognition. Explain that in this context we will consider recognition as a verbal or written recognition for good performance and that rewards involve some kind of gift or financial incentive. Explain also that during this session will explore and identify ways that supervisors and managers can recognize staff so that teams stay motivated to focus on customer satisfaction and achieve their team’s goal.

2. Goal, and Performance Targets of the District Product Availability Team – Interactive Lecturette and Small Group Discussion – 40 minutes

Ask participants what kinds of work teams they participate in and the possible advantages and disadvantages of working in teams.

Possible Answers:

| Advantages | Disadvantages |
|---|---|
| Group problem solving may be more effective than individual | Can be time consuming and inefficient |
| Can mobilize necessary resources | Some team members may be less active |
| Can motivate team members trying to resolve problems | If group does not contain right members (e.g., someone responsible for transport for resupply issues) may not be able to solve problems |

Explain that the Enhanced Management approach supports team-based monitoring of supply chain performance and problem solving to improve regular supply of health products at the community level. Point back to the term District Product Availability Team (DPAT/HPAT) written on the flipchart previously. Ask participants who they think are members of the DPAT/HPAT. Discuss briefly and then ask them to turn to Section II (page 9) in the EM SOPs. Point out the list of members and reinforce that they are all members of the team along with the District Program Coordinators of community health programs (CCM, FP, Malaria and EPI) and the District Pharmacist/ Technician.

Explain that for supply chain management, the Product Availability Team needs to operate both horizontally (across the same level) and vertically (between different levels of the system). At health facility the staffs all works together to form one team (Health Facility Product Availability Team- HPAT), as they are all in the same location (this is working horizontally). For supply of products, we also depend on the actions of others and good communication between different levels in the health system. So it is important that there is also collaboration with the district level. For this reason the Cluster Supervisors will be responsible for taking the issues from the HPAT to the district level DPAT meeting. This is working vertically.

Explain that as a team, it is important to have a common understanding of their goal and targets. Refer participants to Section II.C (page 12) in the SOPs on the goal statements. Explain that the goal captures what a person or organization is striving to achieve (or where it wants to be). Explain the components of a goal:

- Purpose.
- Identifies key target.
- Product/service offering.
- Goals and core principles for operation.

Ask participants to think of what their goal might be as it related to product availability. Discuss their ideas. Explain that during the District EM Workshop the District staff and Cluster Supervisors worked together to develop a goal for the District Product Availability Team and now the Cluster Supervisor/s are going to share these. In addition to the goal the District EM Workshop also identified some performance targets to monitor progress towards this goal.

Ask the Cluster Supervisors to sit with the HSA supervisors and HSAs they supervise and present the goal and performance targets they drafted with their district colleagues in the previous workshop. Pharmacy In charge should sit with their colleagues from the same health centre. The small groups should refine the goal and performance targets as needed and seek any clarification from the Cluster Supervisor.

Trainers should circulate and assist the teams as needed.

3. What Motivates Workers? – Brainstorm/Discussion– 10 minutes

Explain that management research has shown that there are multiple factors that motivate workers. Have participants brainstorm a list of what they think some of these factors are. Write these ideas on the flipchart. Use the prepared flipchart page below to review any items they might have missed.

| |
|--|
| <p style="text-align: center;">Factors that Motivate Workers</p> <ul style="list-style-type: none">• Compensation: not only amount of pay, but growth potential and equity with other workers in the system• Meaningful work• Being significant member of a team• Praise |
|--|

Explain that although the supervisors and project have no control over HSA pay issues, everyone knows that health improvements at the community level rely on the dedication and performance of HSAs, who work under sometimes difficult conditions.

Recognizing the constraints supervisors face (it is not feasible for them to provide pay increases or vehicles, etc.), how can these efforts be recognized in meaningful ways? How can high levels of performance, including proactive problem solving and performance improvements (at any level) be acknowledged? This is the point of our next exercise.

4. Review of Performance Recognition Plans– Small Group Work– 15 minutes

Have the Cluster Supervisors sit with the HSA supervisors and the HSAs in their team. Post the two prepared flipchart pages where the teams can see them and explain that, after

refining the team goal and performance targets yesterday, the teams will now comment on a draft performance recognition plan that the HC staff developed with their district colleagues at the previous training they attended together. They should answer the feedback questions keeping in mind the factors that motivate workers.

Cluster Supervisors should quickly read the goal and performance targets that were revised on Day 1 and remind the team what they are trying to achieve in improving reliable supply of community health products.

Cluster Supervisors should then share the performance recognition plan they developed with their district colleagues who are also part of the DPAT. They should get feedback from the team on the plan including answering the following questions:

Trainers should circulate among the teams and assist as needed.

Feedback Questions on Performance Recognition Plans

- Is the plan achievable by district and health center staff?
- Does the plan address motivating factors as listed on the flipchart?
- Which elements of the plan do HSAs like?
- Are there elements they do not like?
- What suggestions do they have for improving the plan?

5. Session conclusion – Participant Remarks – 5 minutes

Have participants take a few minutes to comment on the usefulness of the session and whether they feel any further work needs to be done on the performance recognition plans.

11. Roles and Responsibilities in Enhanced Management

Session Objectives:

By the end of the session participants will be able to:

1. Describe their specific roles and responsibilities in managing community health products according to procedures in the EM Standard Operating Procedures (SOPs)

Time: 50 minutes

Materials:

Flipchart, markers

Prepared Flipcharts:

Small Group Assignments for Activity 2

Trainer Preparation

Prepare flipcharts ahead of the session

Product Availability Team vision and mission statements developed during the District/Cluster staff training should be available for this session

Learning Activities Summary:

| Title | Type | Time |
|-------------------------------------|-------------------------------|------|
| 1. Session Introduction | Lecturette | 5 |
| 2. EM Standard Operating Procedures | Small Group Work & Discussion | 40 |
| 4. Session Conclusion | Trainer Remarks | 5 |

Learning Activities:

1. Session Introduction – Lecturette – 5 minutes

Explain that during this session, participants will review the EM SOPs and understand who is responsible for different roles related to supply chain management. Explain that they will also be learning about their roles as part of the District Product Availability Team (DPAT/HPAT). Write District Product Availability Team (DPAT/ HPAT) on the flipchart.

2. EM Standard Operating Procedures – Small Group Work& Discussion – 40 minutes

Divide participants into small groups of about 4-5 people according to their level in the system i.e. HSAs to form a group, HSA supervisors their own group and Drug Store In-Charge their group as well. Cluster supervisor should join the HSA supervisors Show participants their assignment written on flipchart:

Roles & Responsibilities
Small Group Assignment

Take turns reading your roles and responsibilities aloud

Discuss:

1. What activities are new?
2. What activities are the same as you do now?
3. What activities require you to work with others?
4. What activities you don't understand?

Tell participants that they have 25 minutes to do their assignment with their group and then they can share some of what they talked about. After 25 minutes call time and lead a discussion based on the questions.

Some points to reinforce:

- For the HSAs many of these activities will be new as they will be using their phones to send information. Note that much of this training will be on how to do that.
- The HSA Supervisor, Pharmacy In charge will need to work together on many of the activities in resupplying the HSAs.
- The HSA supervisor will use a note book called a management diary as a tool for recording supply chain issues raised during meetings, decisions taken, and follow-up actions required to monitor and improve performance in a systematic way.
- Monitoring and improving performance is a big part of the EM approach as is recognizing good performance.
- There is an emphasis on the team work (which we will talk about next.)

2. Session conclusion – Participant Recap – 5 minutes

Thank participants for their small group efforts and explain that in the next session we will look at how to monitor team performance at HC.

12. Monitoring Team Performance at HC

Session Objectives:

By the end of the session participants will be able to:

1. Describe the purpose of the cStock HF reports
2. Describe the purpose of Resupply Worksheets
3. Explain how to use the information found in cStock HF reports and Resupply Worksheets to evaluate supply chain performance and identify possible actions to take

Time: 90 minutes

Materials:

Flipchart, markers

Prepared Flipcharts:

District performance targets
 Format for documenting DPAT meetings
 List of indicators from resupply worksheet

Trainer Preparation:

Trainers should prepare flipcharts ahead of the session.
 Trainer should print out cStock facility reports print outs aid.

Learning Activities Summary:

| Title | Type | Time |
|---|-------------------------------------|------|
| 1. Overview of the cStock Health facility report and Job Aid | Interactive Lecturette & Discussion | 20 |
| 2. Practice with the Health Facility report | Lecturette and Demonstration | 30 |
| 3. Using Re-supply Worksheets to assess a Health Facility performance | Small group work and discussion | 35 |
| 4. Conclusion – Q&A and Summary | Recap | 5 |

Learning Activities:

1. Overview of the cStock Health Facilities report and Job Aid - Interactive Lecture & discussion- 20 Minutes.

Ask participants to find the example *cStock HF report* in the SOP, handout 6, and ask participants to find the *cStock HF report job aid* which is also in the SOP, Annex C.

Explain that in this session we are going to discuss about reports generated when HSAs send their SOH, Receipts and EO messages to cStock. Tell participants that cStock system uses the SOH, Receipt and EO messages to generate different reports that are presented on a web based dashboard. Explain that the cStock health facility report is an example of such reports. Tell participants that they will learn about the cStock HF report, how to interpret it and use it in setting agenda for DPAT meetings and monitoring performance.

Ask participants to refer to the cStock HF report provided and the cStock HF report Job Aid. Explain that the Job Aid is a tool to help them understand how to interpret the different performance indicators on the cStock HF report. Remind participants that in the DPAT/HPAT session they refined performance targets for monitoring and improving supply chain performance at the community level. Explain that cStock HF reports provide information on how well the HSAs associated with the facility are performing against these targets.

Using the cStock HF reports, Job Aid, walk the participants through each section of the cStock HF report. Ask different participants to read the call outs next to each section of the cStock HF report that explain the indicator being tracked, the goal and ideal performance target for that indicator.

Briefly discuss each indicator and respond to any questions or concerns raised by participants as you go along.

2. Practice with the Health Facilities Report – Exercise & Discussion - 30 minutes

Tell participants that they are now going to practice using the Health Facility Report. Now ask participants to find handout 7 in the SOP. *Health Facilities Report Data Exercise*. Ask participants to use the printed report already provided to them and the job aid to have them answer the questions in the exercise. Tell them they have 15 minutes to complete the exercise. Ask participants to also note one good point, one area for improvement based on the information they located, and what they would do to address the area needing improvement.

After 15 minutes ask participants to provide answers and answer any questions they may have about the report. Then ask each group to offer one good point, one area for improvement based on the information they located, and what they would do to address the area needing improvement. Take one answer from each group until all have had a chance to contribute.

Now explain to participants that in the first week of each month, the Health centre in-charge, Pharmacy In charge and HSAs' supervisor at each HC will need to convene a HPAT Meeting with all HSAs at their facility to review their performance and agree

on what areas need improvement. Tell them that Program Coordinators or Cluster supervisors will send a printed copy of cStock HF performance report to each facility to provide them feedback on the previous month's performance. Explain also that the HFs will then be required to use such cStock print out reports to identify their strengths and areas that need improvement, and develop action plan to address any weaknesses and move forward. This is one of the ways that the DPATs will be able to facilitate achievement of their goal of improving product availability.

3. Using Re-supply Worksheets to assess a Health Facility's performance – Small Group Work & Discussion – 35 minutes

Explain that sometimes districts may have limited resources and not be able to print and distribute cStock reports for HF to use to monitor HSA performance and problem solve. Explain that an alternative document that other implementers have used is the Resupply Worksheet.

Ask participants to think back to the resupply worksheet from yesterday and ask them using the resupply worksheet if they can think how you determine if;

- a. The reporting rate for SOH reports?
- b. How many HSAs reported late?
- c. How often the supervisor responded late to the request of an HSA?
- d. How many HSAs came late to collect medicines?
- e. How many HSAs were undersupplied or oversupplied on certain products?

Ask participants to find the example resupply worksheet, handout 8 in SOP, and a blank copy of the *Resupply Worksheet Key Performance Indicator Guide*, handout 9. Refer participants to Annex D in the SOP which contains a job aid on how to use the *Resupply Worksheet Key Performance Indicator Guide*. Go through the first two rows of the job aid explaining how they should calculate the KPIs for the first two.

Now divide the participants in to groups and ask the groups to use the resupply worksheet exercise Hand out 8 to calculate the KPIs on hand out 9 and then identify what is going well and areas that need attention or improvement. Call time after 20 minutes and ask each group to share one thing they found on the resupply worksheet that is going well and one that needs attention. End the session.

4. Conclusion – Q&A and Summary – 5 minutes

Thank participants for their participation. Ask if they have any remaining questions and answer as possible. Encourage participants to use their SOPs to help them use cStock and to go on cStock frequently to help them better manage and support the HSAs in serving the community.

Health Facilities Report Data Exercise

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

1. For which product(s) are the most HSAs overstocked?
Pill Bags
2. For which product(s) are the most HSAs under stocked?
Condom female
3. Which HSA(s) are best at reporting?
Henderson Alufai, Lydia kunkean, Martin Misolo, melody gent, obedi simbi, stella bote, wisted makhalanya
4. Which lead time component needs the most improvement?
Order to order ready
5. How many months of stock are there for all HSAs who are resupplied by this facility for zinc 20mg?
2.6 months
6. What is the stock on hand of ORS for all HSAs?
185
7. How many requests for male condoms did the facility received?
13
8. For which product/s was the health facility unable to fill the order because of stock out?
Condom-Male, Cotton Wool, Pill bags
9. Which product/s has the most emergency orders among all HSAs?
Condom-Male, LA 1x6

13. Planning and Conducting Effective HPAT Meetings at HC

Session Objectives:

By the end of the session participants will be able to:

1. Describe the purpose, content, and value of a HPAT Meeting.
2. Describe key preparations for an effective HPAT Meeting.
3. Use a cStock facility performance print out report/Resupply worksheet to set agenda for a HPAT Meeting and run a HPAT Meeting effectively
4. Model a HPAT Meeting that discusses key performance issues
5. Use the Management Dairy to document issues, decisions and action points taken to solve product availability and supply problems

Time: 90 minutes

Materials:

- Flip chart, markers
- Copy books for participants

Prepared Flipcharts:

- Outline for entry into management diary

Trainer Preparation:

- Prepare flip chart ahead of the session.

Learning Activities Summary:

| Title | Type | Time |
|--|-----------------------------------|------|
| 1. Session Introduction | Lecturette | 7 |
| 2. Preparing and Setting An Agenda for a HPAT Meeting | Lecturette / Small Group Activity | 15 |
| 3. Using a Management Diary in Meetings/ Review of a sample diary | Lecturette | 20 |
| 4. Modelling HPAT Meeting | Lecturette / Group Activity | 45 |
| 5. Session Conclusion | Trainer Recap | 3 |

1. Session Introduction - Lecturette–7 minutes

Explain that we are now going to discuss how to conduct effective HPAT meetings by focusing on understanding the purpose, content, and value of a meeting.

Explain that for any meeting to be effective there is need for adequate preparations. Ask the participants if any of them have chaired/facilitated a meeting before. What preparations did they have to make in advance to ensure a productive meeting? Note down comments on a flip chart

Ask the participants to go to the SOP Section VII (pg47) and read through section on ‘Preparing for an effective HPAT meeting’ and compare with the answers already discussed.

Explain that the next step after preparing for the meeting is to set an agenda for the meeting

2. Setting agenda for a HPAT Meeting -Lecturette / Group Activity- 15 minutes

Explain that the next step after preparing for the meeting is to set an agenda for the meeting. Ask participants what an agenda is, and why it is important? Take a few responses.

Review the section in SOP on Developing an Agenda, Section VII B (page 47). Explain to participants that in setting the agenda they should review cStock HF reports and Resupply Worksheets to identify issues for discussion during the HPAT meeting.

Divide participants into 2 groups and ask them to use the cStock reports/Resupply worksheet from the previous session to practice how to set an agenda for a HPAT Meeting. Call back teams after 10 minutes and have each present its agenda and take comments while providing direction and any clarification as needed.

3. Using the Management Diary in meetings– Review of Sample Entry/Draft of New Entry – 20 minutes

Remind participants that in the previous session we learnt how to run effective HPAT meetings at the HF. Tell them that in these meetings SC areas for improvement will be identified and key decisions and actions agreed upon need to be documented for follow up. Explain that in the enhanced management approach, management diaries will serve as a tool for recording supply chain issues raised, decisions taken, and follow-up actions required to monitor and improve performance in a systematic way.

HPAT at HF level should each use one copybook. The secretary of the meeting is responsible for keeping this diary up to date, but all members should be able to access it.

The suggested outline for documentation in a management diary includes:

(Prepared Flipchart):

1. Date of team (or individual) meeting
2. Review of previous meeting action plan:
 - a. Action items addressed from last meeting
 - b. Result of action(s), if known
 - c. Actions still pending, reasons for non-implementation, and revised agreed action timeline
3. Current problems/issues identified from present performance report
 - a. Proposed solutions/decisions
 - b. Action items before next meeting and person responsible
4. Date of next meeting and a call to act on agreed follow up action points before next meeting

Explain that if this is the first meeting, Step 2 will not be included, but should apply in subsequent meetings. Review Section VII C pg 49 in SOP that gives a sample entry completed by a HC supervisor.

Ask the participants if they have any questions or comments on the outline or example.

Have the participants refer back to the discussion they had during the ‘stage up’/mock HPAT meeting. Have them use the information they discussed during that session to write in their diary what actions would be needed to follow up on the areas for improvement, using the outline for a diary entry presented on flipchart and in the hand out.

Have one or two participants share their entry for review.

Ask participants how they think the district team could use the diary as individuals and as a team so that they are clear on the way forward.

Answer any outstanding questions.

4. Modelling a HPAT Meeting - Lecturette / Group Activity - 45minutes

Take 5 minutes to explain that in preparation for implementation of the EM approach we will now practice how to conduct a DPAT meeting at HF level. Explain that modelling will help us build on and improve our meeting facilitation skills and learn best practices from colleagues, so we can conduct better meetings at our duty stations and be better mentors to others.

Remind the participants that in the session on roles & responsibilities they refined their goal and performance targets that they intend to achieve and that the HPAT meetings are an opportunity to review the progress to achieving these.

Explain that HPAT Meetings need to **look back** at what targets the team committed itself to achieve and **inward** at what performance it has managed to achieve, **noting any performance gaps and where they are coming from**. Knowing the source of performance gaps should lead the team to collectively find solutions to bottlenecks (ensuring to involve any ‘*weak members that are contributing to performance shortfalls*’ in generation of solutions and commitment to improving).

Divide up the team into 2 groups and tell them they have 15 minutes to prepare to 'stage up' a HPAT Meeting. Explain that each team should use the agenda prepared in the previous session and identify a Chair, Secretary, team members. They should then model a meeting using a team and performance improvement approach – which means they should use the data from the cStock HF reports and Resupply Worksheets provided in the previous session to identify SC performance shortfalls and discuss possible solutions. Each team will run their meeting for 10 min. After the 'stage up' meetings invite participants to provide feedback to teams on areas of strength and those that require improvement. Give extra praise to any group that comes up with good solutions to the problems identified.

Ask participants if they now feel comfortable to plan and manage a HPAT Meeting effectively. Answer any questions they may have.

5. Session Conclusion – Trainer recap – 3 minutes

Encourage participants to use and maintain the diary as it is an important management and monitoring tool that will both help with current supply chain issues and—potentially—spill over positively to impact other areas of program management at HF and district levels.

Example of How to Fill in a Management Diary Entry

Sample Management Diary Entry

Date of team (or individual) meeting:

Monthly meeting with HSAs, 3rd November, 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 coordinated to send extra amoxicillin from HC 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 November 2020 |
| 2 HSAs- John Banda and Flora submitted incomplete reports for the month of October 2020 | HSAs should report on all products that they are associated with | John Banda and Flora | 2 nd December 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: 3rd December,2020

14. Workshop Closing

Session Objectives:

By the end of the session participants will be able to:

1. Complete a workshop evaluation
2. Describe next steps in the EM approach implementation

Time: 30 minutes

Materials:

Flipchart, markers

Trainer Preparation:

Have contact information ready for project staff that can assist with program start up.

Learning Activities Summary:

| Title | Type | Time |
|---|-----------------------------|------|
| 1. Next Steps for EM implementation | Trainer Recap/Q&A | 10 |
| 2. Deregister and re-register in cStock | | 10 |
| 3. Workshop Evaluation | Completion of Questionnaire | 5 |
| 4. Closing | Remarks | 5 |

Learning Activities:

1. Next Steps for EM – Discussion – 10 minutes

Remind the participants that the next steps are that they should start using the Enhanced Management procedures as soon as they return to their work sites.

This include: use of cStock as outlined in the job aid, holding of HPAT meetings to assess performance, problem solve and take action to improve product availability at the village clinics and recognize good performance.

If there are questions or issues that arise as the program starts up, participants should contact their Cluster supervisors and District program coordinators.

2. Deregister and re-register in cStock- 10 Minutes

Trainer should facilitate the process of having participants deregister from practice activities and then register live ready for use. This process is applicable to HSAs only.

Prepare a flip chart with the following instructions.

- Quit
- Register in cStock
- Add Products
- Send current SOH report (Optional)

3. Workshop Evaluation – Completion of Questionnaire – 5 minutes

Ask participants to complete the workshop evaluation questionnaire (Hand out 12 in SOP) and ask participants to take out of SOP, complete it and hand it in.

4. Closing – Remarks – 5 minutes

This time can be used for any remaining questions or concerns.

Workshop Evaluation
Enhanced Management of Supply Chain for Community Case Management:
Health Centre Staff and HSAs

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 intervention 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 vision of the team, the customer service mission of the team, and the responsibilities of the team in ensuring product availability and problem solving. | | |
| Use personal mobile phone to register new HSAs into the cStock system and deregister HSAs who are no longer receiving community health products from their Health Centre. | | |
| 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. | | |
| Set up and use the community health product worksheet to record and track product resupply quantities for HSAs. | | |
| Prepare and issue HSA orders in a timely manner | | |

| | | |
|--|--|--|
| and notify HSAs that the order is ready. | | |
| Use personal mobile phone to report stock outs of product or products that are at or below the established emergency order level. | | |
| Respond to HSA stock outs and emergency orders as possible. | | |
| Coordinate with District staff in case Health Centre cannot fill emergency or stock out orders | | |
| Use supply chain performance reports to improve product availability and achieve product availability targets and implementation of EM standard operating procedures | | |
| Describe possible ways in which good performance will be recognized or rewarded. | | |

2. The most useful part of this training was:

3. The least useful part of this training was:

4. Comments: