MOMENTUM

Country and Global Leadership



Technical Brief

SUPPLY CHAIN CAPACITY STRENGTHENING PROGRAM FOR FAITH-BASED DRUG SUPPLY ORGANIZATIONS

Outcomes and Learning

BACKGROUND

In Africa, faith-based organizations and their internal drug supply chain systems or partner drug supply organizations play a critical role in providing essential medicines and supplies to urban and rural communities through a range of health facilities. Faith-based (FB) drug supply organizations (DSOs) range in size, from larger DSOs with a portfolio of more than 1,000 products and supply more than 700 hospitals and health facilities, to smaller DSOs that each supply 30–200 hospitals and health facilities, and have a portfolio of fewer than 1,000 products. FB DSOs face significant challenges in their supply chains, which hinder sustainable and reliable access to much-needed commodities. These supply chains are not always directly connected to the public sector supply chain and do not receive the related investments in system strengthening.

GOAL

Working with eight FB DSOs¹ in Cameroon, Kenya, Nigeria, Ghana, and Uganda, USAID's MOMENTUM Country and Global Leadership aimed to strengthen and reinforce the resiliency of these FB DSOs and improve the availability of high-quality and affordable family planning (FP) and maternal, newborn, and child health (MNCH) commodities as a result of more effective management and execution in procurement, supply planning and agility in mitigating disruptions from external forces, such as the effects of COVID-19.

¹ The DSOs include Cameroon Baptist Convention Central Pharmacy; Cameroon's Central Pharmacy Presbyterian Church (PCC); Ghana's National Catholic Health Service (Catholic Drug Centre); Ghana Adventist Health Services (GAHS); Kenya's Mission for Essential Drugs and Supplies (MEDS); Nigeria's CHAN Medi-Pharm; Nigeria's Evangelical Church Winning All (ECWA) Central Pharmacy Limited (ECPL); and Uganda's Joint Medical Stores (JMS).





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PROGRAM APPROACH, STRATEGIES, AND INTERVENTIONS

Leveraging Christian Connections for International Health's (CCIH) expertise in engaging the FBO community and other MOMENTUM partners' expertise in supply chain systems, the approach included:

- Self-assessment of the functionality and performance of the FB DSOs' supply chains;
- Capacity strengthening of the FB DSOs based on the gaps identified in the self-assessment; and
- Adaptive learning to elicit FB DSO reflections on the self-assessment and capacity strengthening program.

RESULTS AND FINDINGS

NATIONAL SUPPLY CHAIN ASSESSMENT

The eight FB DSOs undertook a self-assessment using a version of the United States Agency for International Development's (USAID) National Supply Chain Assessment (NSCA) tool² adapted for the FB DSOs, to identify major strengths and opportunities to reinforce the resilience of FB DSO supply chains. The assessment identified process and performance gaps that could be improved through coordinated interventions during and beyond the MOMENTUM Country and Global Leadership project. The NSCA implemented during COVID-19 tracked the movement of five tracer commodities from central and warehousing levels to hospitals and service delivery points (SDPs) (Box 1).

	Site level	Site Type
	Central (C)	Organization's headquarters
		Central warehouse
B	Warehouse (W)	Intermediate or regional warehouse
	Hospital (H)	Referral hospitals
· M	Service	Health center
	delivery point (SDP)	Pharmacy



The assessment highlighted five overarching challenges faced by the FB DSOs: performance gaps, especially within forecasting; distribution and quality, for both larger and smaller DSOs; process maturity in central warehouses of smaller DSOs; cross-cutting data and financing issues throughout the supply chain; and functional processes and staff capabilities gaps at hospitals and SDPs, including a lack of standard operating procedures (SOPs).

Respondents uniformly called the NSCA useful for identifying gaps in their supply chains that needed attention. While expressing the need for additional resources

particularly to undertake infrastructure, technology, and

human resources improvements, in the year following the NSCA – respondents listed a range of actions their DSO had taken as a result of their participation in the NSCA, including these examples:

• Infrastructure in warehouses: Added temperature monitors in refrigerators and a chart to monitor temperature, and room temperature monitors to issue high-temperature alerts.

"It was an eye opener for us since we knew we had weaknesses but did not realize the depth of some of them."

- FBO DSO Representative

 $^{^2\,\}underline{\text{https://www.ghsupplychain.org/key-initiatives/national-supply-chain-assessment-nsca-toolkit}}$

- Financial management: Improved financial management by setting up a revolving fund for the purchase of drugs.
- Forecasting and consumption: Introduced a reporting form to track donations of commodities to health facilities for purposes of forecasting commodity needs. Requested appropriate software to monitor stocks in real time to avoid possible stockouts. In the meantime, developed a template for health facilities to populate when they send and receive orders.
- *Human resources:* Added new staff with fresh ideas. Positioning trained pharmacy personnel all along the supply chain, both by hiring more staff and through training.
- Examining organizational culture: Ensured the organization's culture is aligned with its faith affiliation.
- Supporting health facilities: Used optimization software for some processes at headquarter level. Health
 facilities also requested help to address gaps in strategic planning and forecasting and quantification.
 Focused on supporting health facilities through skills-building programs in governance, financial
 management, and inventory control.
- *Diversifying funding:* Worked to be included in the state insurance system to be among those supplying commodities; registered as a business to open up opportunities.

CAPACITY STRENGTHENING THROUGH A SUPPLY CHAIN LEADERS DEVELOPMENT PROGRAM (SCLDP)

Following the NSCA, participants from six DSOs in three of the countries³ participated in the SCLDP, a self-guided e-learning series, which covered all major supply chain management topics. The SCLDP, delivered virtually, was adapted for the FB DSOs and focused on the gaps identified in the self-assessment as the greatest needs for capacity building. Additionally, an in-field exercise helped the DSOs apply the learnings from the 10 modules (Box 2). In mid-2022, the six DSOs that participated in the e-course and in-field program were invited to reflect on the utility of the SCLDP and the successes and challenges they had in implementing what they had learned.

While all of the modules were considered useful, the DSOs mentioned Forecasting and Demand Planning, Supply Chain Visibility, Problem-Solving, and Financial Management as highly relevant for their organizations. No DSO ranked any module as 'not relevant.' Respondents noted that many of the modules had overlapping benefits, for example, forecasting and demand planning is linked with shipments, finances, warehouse management, and inventory/records management, among others.

DSOs participated in an in-field session where each DSO selected a challenge, applied the learnings from the online modules and came up with a preliminary solution and implementation plan. The in-field sessions allowed trainees to apply the e-course learnings in a real-life situation. Participants

Key challenge areas		Training modules	
Ħ.	Forecasting and supply planning	• Forecast and Demand Planning • Shipments	
ъфт.	Distribution	Supply Chain Visibility Fleet Management	
4	Warehousing and storage	Warehouse Operations Inventory and Records Management Cold Chain Management	
恩	Quality	Quality Assurance	
ار ال	Financial sustainability	Financial Management	
에	HR & capabilities/ soft skills	Problem Solving	

³ Out of the eight DSOs that took part in the self-assessment, two each from of Cameroon, Ghana and Nigeria participated in the training program.

explored one topic from the training and practiced structured problem-solving approaches and developed a set of solutions to tackle a selected real-world supply change challenge for their DSO. The DSOs selected a range of challenges, with four focusing on stockouts, one on warehouse management to ease warehouse congestion and one on software needed to facilitate management of the supply chain system.

Financial challenges constrained DSOs from addressing all gaps following the e-course and in-field session. However, they still highlighted in qualitative interviews a range of successes they had achieved:

- orecasting and Demand Planning: DSOs reported better forecasting and demand planning, although some still sought more robust supply chain management software.
- Distribution: All DSOs had made some progress in supply chain visibility including distribution to reduce over/under stocking and stockouts. One DSO was considering drones to deliver very essential products to remote health facilities.
- Warehousing and storage: The five DSOs with warehouses have all worked to improve their warehousing and storage, including, for example, establishing a satellite store to reduce congestion in the central warehouse, and acquiring a forklift and

pallets. Some DSOs have reached out to donors to acquire WHO-prequalified refrigerators and cold rooms to improve operations and one DSO has successfully installed a new cold room and generator in their warehouse.

Quality: DSOs noted a range of quality assurance (QA) successes from the supply source to the facility and to users. QA has been improved through: training; auditing manufacturing systems to ensure good

manufacturing practices; post-marketing surveillance; engaging with national QA bodies; and accessing a minilab to address poor-quality medicines, with hopes for additional funding to expand lab facilities.

• Financial sustainability: Some DSOs had made progress regarding financial sustainability, including by bringing program and finance staff together. Accounting departments better understand that getting good-quality products to facilities has to be the top priority, thus the need to manage income to pay for stocks. Some DSOs have made their processes more efficient, such as by reducing overhead costs through

making bulk purchases and minimizing the use of paper. Virtual meetings, including Board meetings, saved time and transportation costs.

Human resources and capacity/soft skills: The
training program, including the module on problemsolving, which the DSOs uniformly praised, resulted
in strengthened staff capacity in making decisions,
including delegating decision-making rather than
having one senior person make all the decisions.

"Problem solving was the most useful module. It helps to break down the problem into the parts at every level and then come up with solutions – systematically step by step. "

- FBO DSO Representative

"We worked on stock outs....[Along with other issues] It is expensive for suppliers to respond to small facilities that are also generally remote. Before they [travel to fill an order], they want to have adequate orders from those regions. We now have a better understanding of this – so now facilities understand they need to send their orders in time. We've been successful with major suppliers." — FBO DSO Representative

FINAL REFLECTIONS AND RECOMMENDATIONS

This work highlights the important role faith-based DSOs play in ensuring access to essential medicines and supplies, including availability of high-quality and affordable FP and MNCH commodities in Africa. The DSOs reinforced that both the assessment and the leadership development program had been beneficial to their DSOs and that they had seen some improvements in the supply chain over the two years as a result of the program, even in the midst of COVID-19, and despite resource constraints. One DSO noted improved relationships with customers as the ability to meet their needs in record time increased. Another highlighted lower incidence of expired drugs and stockouts. One respondent summed up the experience as beneficial in

the areas of systems, services, supply chain, and staff. The DSOs expressed a desire to extend the training to others and to build on the program with future sessions to continue to build capacity. The DSOs all expressed the need for continued support and additional resources to build on the gains they had made. Six of the DSOs reviewed what they had been able to accomplish with the training and technical report resources and where gaps remained and created concept notes based on their internal priorities for continued systems improvements to fundraise resources to address these issues. The cost of their outlined priorities ranged from \$60,000 USD to \$120,000 USD and each DSO presented their concept note to representatives at their respective USAID Mission. By June 2023, one of the DSOs secured funding from a private donor to accomplish their top priority from their concept note - the installation of a cold room with a generator at their central warehouse.



Increased investment in FB DSOs is essential to strengthen their ability to operate efficiently and contribute to improving health systems. Outcomes of participation in the National Supply Chain Assessment and the Supply Chain Leadership Development Program highlighted the critical need among FB DSOs for resources to make improvements to their operations. Investment needs range from: infrastructure (e.g., buildings, equipment for cold chain management, forklifts); alternate power sources; appropriate software; and sufficiently trained staff. Recommendations below from the supply chain assessment and leadership program and from FB DSO reflections highlight areas for investment to strengthen the vital work of FB DSOs.

- Address challenges at central and regional warehouses of large and small FB DSOs and tailor investment to the gaps experienced by each DSO.
- Strengthen communications across the supply chain from central warehouses to hospitals and SDPs, through: SOPs covering all levels; data collection and visibility; and process management software and training.
- Improve financial management to ensure the ability of FB DSOs to procure and provide sufficient stock of high-quality drugs and products through their supply chains.
- Address challenges at hospitals and SDPs through SOPs regarding supply chain (e.g., forecasting, stock management, and quality assurance), and human resources.

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