

2011 OHA Partner meeting Abstract

Project Name: SCMS/Namibia

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Title of Abstract: Improving Access to Community Home-Based Care through the Design of a Sustainable CHBC Supply Logistics System

Persistent HIV/AIDS challenge that this activity/intervention addresses:

Community and home-based care (CHBC) programs remain an integral component of national HIV/AIDS strategies as the high number of patients with chronic HIV-related illness continues to impose a major burden on already over-stretched health facilities. The standard home-based care kit – the most basic tool in the hands of caregivers – must be procured and constantly replenished, so that when caregivers see clients, they have the necessary basic supplies for them to provide continuous home-based care services for HIV-related illnesses. Weak and unsustainable CHBC commodity logistics systems result in both stockouts of commodities at community level and wastage of products committed to CHBC programs.

Briefly explain why this experience needs to be shared - global relevance: (brief 1-2 sentences)

The knowledge exchange can assist other country programs to strengthen the capacity of policy makers, funding agencies and implementers to design sustainable interventions that can guarantee continuity of services and thereby improve access to the provision of health services.

Description of the intervention:

SCMS applied a consultative and iterative approach to design the CHBC product delivery logistics system. Institutions responsible for procurement, distribution, dispensing of required products, as well as those providing supportive services were involved in system design to ensure stakeholder buy-in at the early stages of the process. In-depth assessments were conducted to define system gaps; iterative consultations were held to define a standard and cost-effective package of products for caregivers and patients; and a logistics system design workshop was conducted involving all stakeholders, followed by the development of standard operating procedures and tools to support sustainable logistics systems. Additionally, the revised list of kit products was harmonized with the Namibia Essential Medicines List and the CHBC care givers' guideline was revised to include product and logistics management components. This intervention led to the abolishment of the parallel CHBC logistics system and its integration into the national pharmaceutical supply chain, creating a sustainable CHBC "kit" replenishment mechanism to ensure continuity of supplies to the caregiver.

Results

This activity was successfully integrated into the national pharmaceutical supply chain, reducing duplication of effort and cost with replenishment of CHBC "kit" supplies accomplished at all health facilities. Zero stockouts of HBC supplies have been reported at both caregiver and health facility level.

6/28/2011

Lessons learned:

a. What worked:

- Having a standardized CHBC “kit” with contents aligned to the national essential medicines lists facilitates kit replenishment uses established processes and contains costs as well as meeting the needs of caregivers, patients and the community
- Stakeholder involvement from early stages ensured buy-in during implementation phase
- Integration of the CHBC logistics system at all levels of the healthcare system, with channels delivering ARVs and other essential medicines through integrated in-service training for existing staff on proper storage, inventory management and distribution, regional budgeting to ensure commodity financial security for CHBC needs, optimizes available resources, creates sustainability and maximizes patient impact

b. What did not work:

- Caregiver retention- “volunteerism” continues to pose a challenge to successful implementation, although this is outside the purview of the supply chain operation

c. How the results influence program direction/change

- The newly designed logistics system for CHBC was incorporated into the national system, thus eliminating what was a parallel system
- Although implementation is still in its early days , the envisaged uninterrupted supply of CHBC products where and when required will improve access to CHBC services and patient outcomes
- Cost savings through use of established national pharmaceutical supply chain