

Addressing the MC Supply Issue



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Sites do not have sufficient supplies
and it is difficult to get them.



One of the biggest challenges in scaling up MC services is ensuring that sites have sufficient supplies and equipment. In resource poor settings, it is common to find clinical sites without even the basics. Procuring the items necessary for a suitable MC site is challenging, time consuming and expensive. Local medical suppliers often do not stock items and have difficulty sourcing them internationally. Resulting delays and additional costs in procurement and staff time can hamper the rapid establishment of MC sites.

In order to scale up, we need a better way.



If country programs are to meet their ambitious goals for training, setting up new sites and conducting procedures, it is necessary to establish a system which benefits from clarity, standardization of items and suppliers, and volume discounts. Without standardization and communication among all players in MC, we risk each country program re-inventing the wheel and not learning from past experiences of their neighbours.

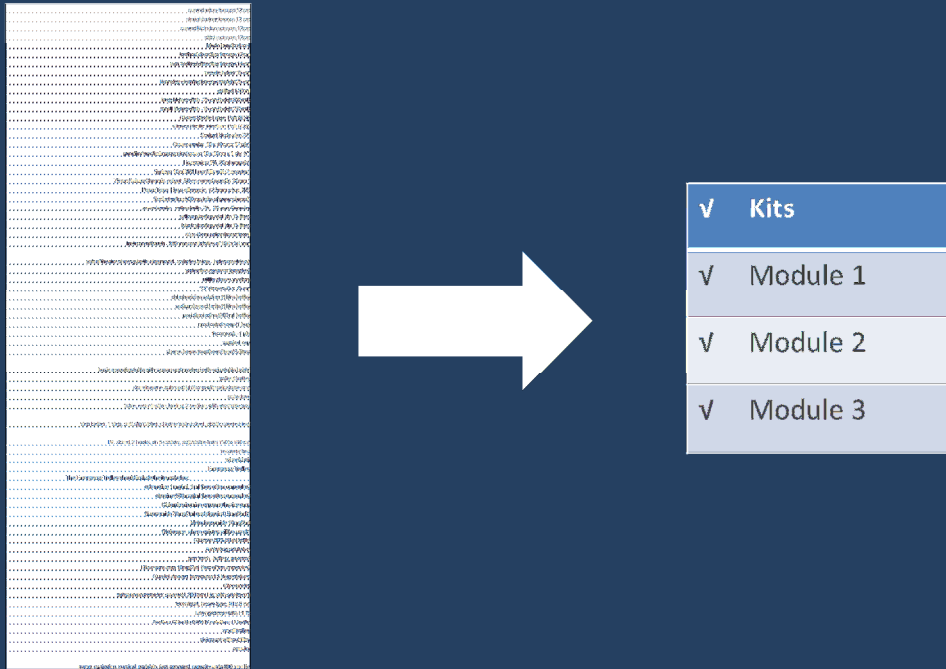
We want to focus on clients.



A considerable amount of time is currently spent on solving the supplies quandary. With all of the challenges facing MC scale up—human resources, training, counseling—the sooner we can suitably address the supply issue, the sooner we can address the critical client-focused issues.

By developing a common solution to supplying clinics in an efficient manner, we can turn our full focus on to the challenging client focused issues such as reducing risk disinhibition, appropriate counseling techniques and overcoming barriers to MC.

Use standardized, but flexible, kits and “modules” to improve the process.



One way to make it easier to order, supply and manage MC supplies is to group them into kits or “modules” that have a consistent list of items, ideally with a set price from suppliers.

So when we are looking at supporting many sites and what they would need, it would be a lot easier on us and the supplier to simply order a certain number of the modules, rather than an endless list of specific items in various quantities for each site.

A consumables kit responds to the principal challenge mentioned by sites.



One of the most frequent concerns expressed by sites is the lack of basic “consumable” supplies—suture, gauze, anaesthetic. In the lack of these items, MC services just stop. Even when sites have a small supply of these items, they prioritize their use for emergency or higher priority procedures.

Kit contents provide sufficient consumable supplies for one MC.



While the actual items and specifications may vary across countries, a kit converts a long list of items into one unit of management, dramatically easing the time and energy spent re-stocking sites. It also makes preparing for a procedure easier, as the necessary items are already pre-packaged. Providing a kit that includes all the consumable items necessary for one MC procedure allows for improved planning and accountability.

Additional work is necessary on suppliers and packaging.



Despite initial positive reactions from providers, it is clear more work is necessary to finalize a suitable MC Kit. First, some items were of insufficient quantity, based on the amount necessary for the “average” MC. Also, packaging and shipping take up too great a share of the total cost. Cheaper but still suitable packaging should be explored as should potential suppliers in Asia or South Africa. Ideas such as partnering with HIV+ women’s income generating projects for assembly should be explored.

Standard but flexible “modules” can greatly assist setting up MC sites.



An expanded version of kits, “modules”--for lack of a better term--can be useful to setting up new sites or improving existing sites. A module is pre-set list of specific items.

Possible modules are: instruments, consumables, infection prevention supplies, and equipment.

Then, depending on what a particular site would need, we would request anywhere from 1 to all modules. For example, a brand new site would need everything; a well-established private clinic might only need instruments specifically for MC.

Using modules is a pro-active method of assisting sites to know what they will need in order to provide safe, high quality MC.

Modules outline the specific items necessary for all MC site aspects.



Some site staff, especially those working in resource poor conditions, aren't completely sure what they require or what is available. Having a set list across an entire program provides a standard level of assistance and can complement quality assurance standards.

Modules are flexible to account for variations in client flow and site size.

Instrument Module			
Item	Quantity per pack	Packs per module	Total Quantity
curved artery forceps 12 cm	4		200
straight artery forceps 12 cm	2		100
curved McIndoe scissors 12cm	1		50
stitch scissors 12cm	1		50
blade handle size 4	1		50
toothed dissecting forceps 12cm	1	50	50
non-toothed dissecting forceps 14cm	1		50
needle holder 15 cm	1		50
Ramsey cleaning forceps straight 25 cm	1		50
gallipot 150 ml	2		100
large kidney dish - 25 cm (holds 825 ml)	1		50
small kidney dish - 15 cm (holds 275 ml)	1		50

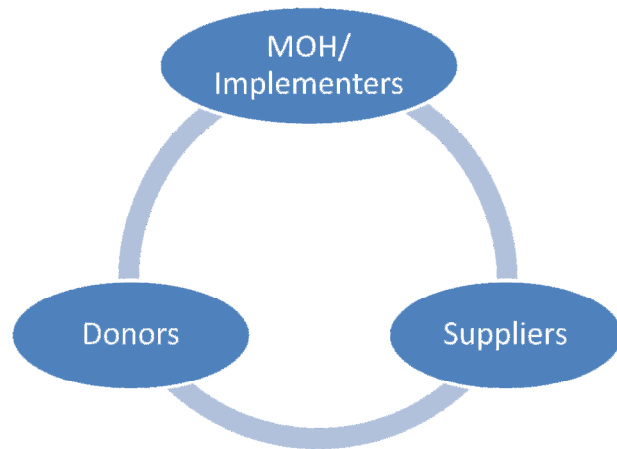
Exact quantities of the items would depend on variables such as a site's client flow volume or the number of op rooms. For example, the simplest module is the Instruments module which comprises the set of instruments necessary for one procedure. Here, a site that requiring 50 sets would order an Instrument module with these quantities. Additionally, the Infection Prevention module can vary by the number of MCs and the number of op rooms.

Modules can make importing and delivery to sites more efficient.



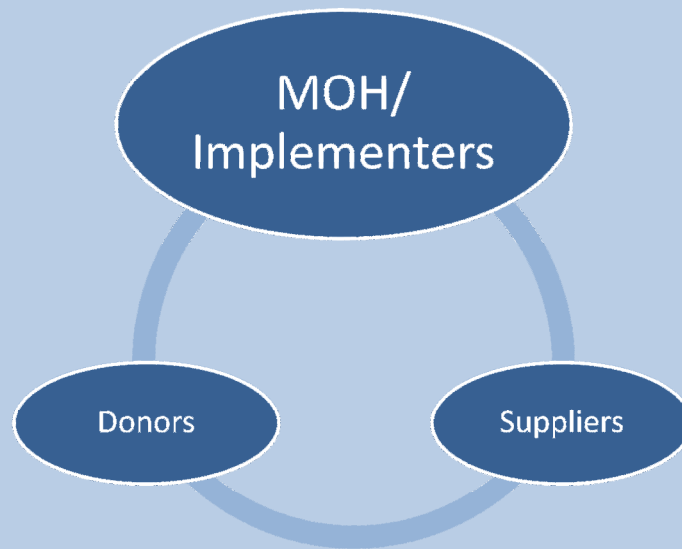
Using the Instrument module example again, imagine working with customs to clear 200 curved artery forceps, 50 curved McIndoe scissors, 50 toothed dissecting forceps, etc. It would be much easier to clear ONE module of 50 sets. Also, if suppliers can package or at least identify modules on a site basis, they can be delivered to sites together, further increasing efficiency.

Clear agreements among all players allow each country program to benefit.



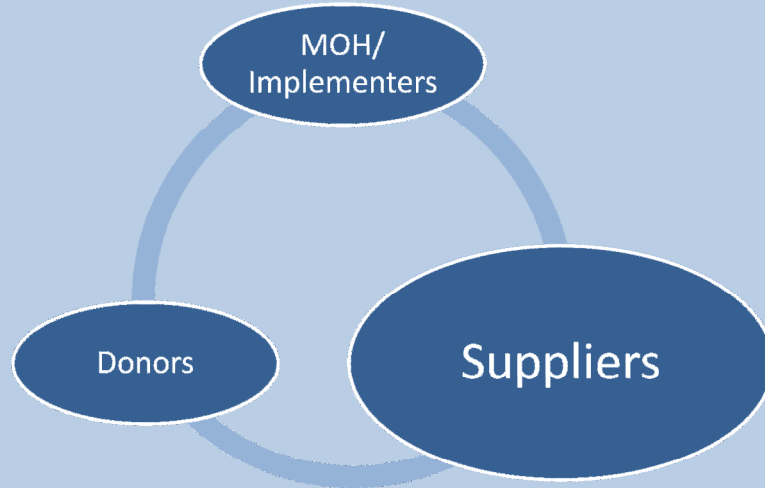
Clearly, setting up such a system would involve a lot of back and forth among many players but hopefully taking the time up front—before scale up— will help each individual country gain access to global efficiencies.

MOH and implementers benefit from planning assistance & supplier access.



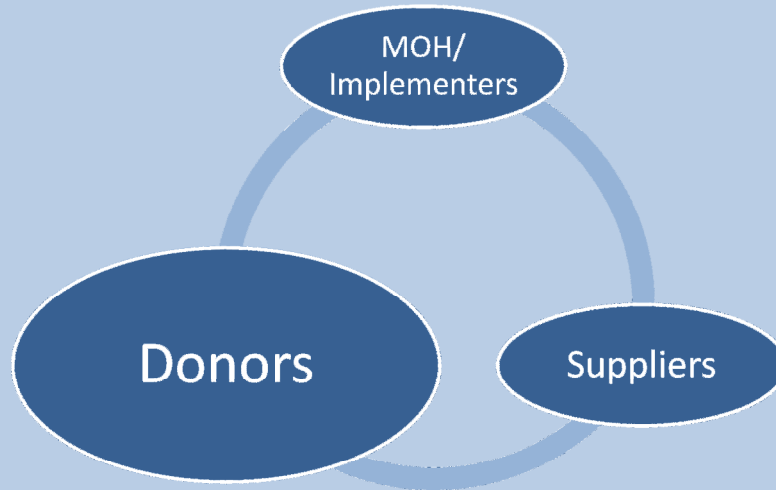
This system will assist MOH and country level implementers in determining exactly what items are most appropriate for their context and provide them with access to suppliers and lower prices than they would have otherwise enjoyed.

Suppliers gain access to customers.



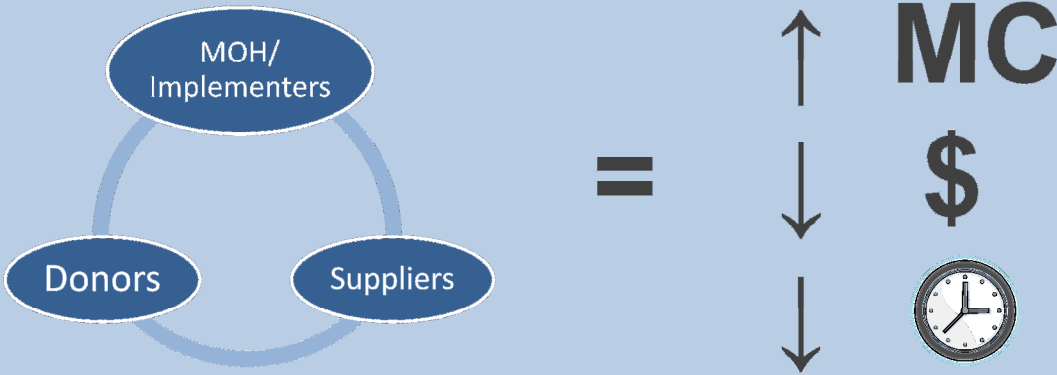
Suppliers are interested in this system because they see the benefits in a consistent, easier-to-manage customer base and assured demand for products. Some suppliers have been remarkably helpful in offering advice on specifications and providing cost estimates.

Donors benefit from cost savings.



A tender for a module system would likely spur competition among suppliers so the donors who foot the bill will get the most health impact for their money. It will also save countless hours in staff time ordering, processing payments, receiving and delivering items—time that will be better spent in more client-focused activities.

Such a system will facilitate scale up,
save money, and save time.



In sum, investing the time and energy to plan and build consensus on such a system will pay off in saved money, saved time, and most importantly more MCs.