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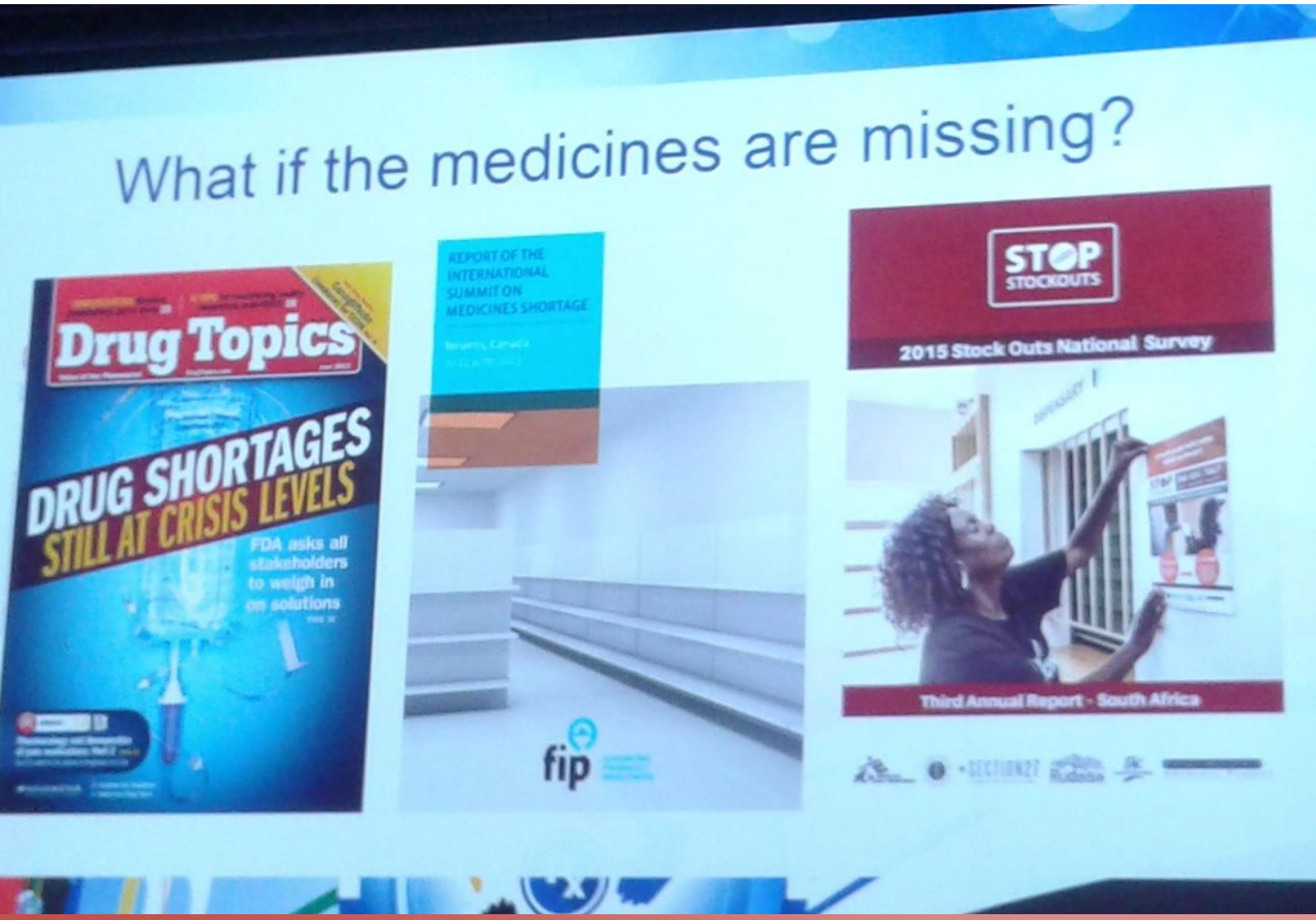

EVALUATION OF THE STOP STOCK OUTS PROJECT (SSP), SOUTH AFRICA

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SHORT VERSION

This publication was produced at the request of MSF on behalf of the SSP. It was prepared independently by Andrew McKenzie (independent evaluator) and Tim McCann (SEU)


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EXECUTIVE SUMMARY

The Stop Stock Outs programme (SSP) was formed in the aftermath of the 2012/13 Mthatha depot crisis. Six organisations who were already dealing with drug stock outs joined forces to tackle the issue. They included Section27, Médecins Sans Frontières (MSF), Southern African HIV Clinicians Society, Rural Doctors Association of South Africa (RUDASA), Rural Health Advocacy Project (RHAP) and Treatment Action Campaign (TAC). The different organisations brought different skills to the table. The objectives were twofold 1) to advocate largely to the National Department of Health (NDoH) to ensure policy and supply chain management (SCM) system changes that would ensure sustainable delivery of medicines to patients, largely focused on anti-retrovirals (ARVs) and TB medication, and 2) to mobilise civil society organisations (CSOs) and clients to address stock out problems on the ground. From the beginning the SSP has tasked itself to hold government accountable, to perform a watchdog role and to present the patient view on stock outs.

Two key approaches have been used. The first is a community mobilisation strategy largely led by TAC that includes health rights workshops (including access to drugs), communication initiatives (e.g. community radio and newspapers, posters and leaflets) and a hotline where health care workers and patients can report drug stock outs. SSP has negotiated an escalation protocol with the NDoH that prescribes how the process after receiving a stock out report on the hotline should proceed. The second is an evidence based advocacy approach at the NDoH level to lead to policy and systems changes to address drug stockouts. A key component of this approach has been the annual SSP survey which has provided evidence from all facilities across the country.

The evaluation comes at a time when the SSP has secured sufficient funding for the next three years and at a time when the SSP is reflecting on where it has come from and what it has achieved and making plans to strengthen the project in the years going forward. Parallel to this evaluation has been an organisational assessment.

The overall objective of the evaluation was to evaluate the impact and effectiveness of the SSP and specific objectives included evaluating the SSP's impact on provincial/national government policy and reform, on community mobilisation to address stock outs, on creating an effective advocacy consortium on health and HIV, on strengthening a regional stop stock outs movement and on assessing replicability regionally and in other service areas.

The evaluation used a mixed methods approach of document review, interviews/focus group discussions and observation. The field visit was over two weeks and included time in two provinces (Limpopo and the Eastern Cape), at the NDoH and with the consortium members and other key parties. In addition, regional and global parties were interviewed telephonically.

The findings were that the project has been enormously successful in changing the mindset at NDoH level and has led to the NDoH introducing, or fast tracking, policy and systems reforms (e.g. the stock visibility system - SVS; visual and analytics network - VAN, direct delivery, buffer stock, an advisory forum and the Central Chronic Medicine Dispensing and Distribution programme - CCMDD). This has largely been due to evidence based advocacy based mainly on the annual survey and to a lesser extent from the narratives from the ground. The mindset has changed from denial to a fixation on shortages and finally to realising that stock outs are a significant contributor to patients not receiving medicines and that SCM system issues need to be addressed. However, the jury is still out on whether these policy and systems reforms will have long lasting effects on reducing stock outs across the whole country. But, they definitely seem to be steps in the right direction.

On the ground, the SSP has had success within the limited footprint offered by TAC in mobilising CSOs and patients to address stock outs locally. This has been both formally through such mechanisms as the hotline and informally through CSOs and community members negotiating with health care workers at different levels. In addition, the hotline has ensured that reported problems have been dealt with through the escalation protocol.

The SSP has also had success in transferring the model to other regional countries (e.g. DRC, Mozambique and Malawi). This has been driven by MSF. These counties have adopted aspects of the SSP, in particular the focus on evidence based advocacy, the need for the patient view to be paramount and the emphasis on stock outs and allied SCM system challenges as opposed to shortages.

The consortium has worked really well together. Some challenges in the consortium have included the more adversarial advocacy strategy adopted with the NDoH, the focus of stock outs on HIV/TB or on whether this should be broadened to other drugs/diseases and whether the role should be merely as a watchdog or expanded into identifying and assisting in resolving SCM system challenges, especially last mile challenges. However, all consortium members acknowledge the strength that the different parties bring to the table and this is seen as a model for replicability.

SSP has not been good on packaging and costing what is needed for replicability. As mentioned the community mobilisation has not been as widespread as anticipated and thus this has limited the potential to mine the hotline data as a source for real time advocacy purposes. While the impact at NDoH level has been substantial, the impact at PDoH and lower levels has not been as dramatic. The consortium has been powerful on addressing direct HIV issues but not broader health systems issues (e.g. HR and budgetary concerns, poor management and supervision) and other disease concerns.

The findings are aligned with the specific objectives of the evaluation ToR. The findings are based on the interviews, reports and observations. Early findings were presented at three feedback sessions and this feedback is also included in the evaluation report. The conclusions are linked to the seven key criteria identified in the evaluation ToR: relevance, appropriateness, effectiveness, efficiency, impact, replicability and sustainability of the SSP.

The recommendations are based on the understanding that the context within which SSP is operating has changed. As identified the NDoH has responded to the high level advocacy advanced by SSP and its partners with policy and system changes. This has not been complemented by significant changes in last mile delivery beyond what is promised in the system changes introduced by the NDoH.

Key recommendations include:

- *Continue with advocacy at the national level to ensure that the policy and systems reforms are effectively implemented. Consider changes to the annual survey*
- *Strengthen advocacy at provincial and local levels with a particular focus on last mile delivery*
- *Increase community footprint/patient view as no one else provides this view through broadening the number and type of CSOs active on the ground and increase the use of the hotline*
- *Negotiate an MOU with government*
- *Support replication both geographically and for other service areas by packaging/costing the model*
- *Continue with the regional work in spreading the SSP model*
- *Strengthen the institutional structure of the SSP*

In summary, the SSP has had an impact on individuals; on policy and practice at national, provincial and district levels; and regionally and internationally. This was verified by a number of different sources. Three key issues need to be highlighted 1) the annual survey provides data/evidence for advocacy purposes both locally and internationally 2) SSP articulates the patient view, last mile SCM system challenges, and the missing 20% and 3) SSP has added Stock outs to the lexicon (not shortages) nationally and internationally.

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