

Supply-Side Action Protocol (The IFTIA FC Document)

Purpose of Document

- To clearly communicate to SRSS team members all the actions required to identify and resolve supply-side and stakeholder relations cases.
- To outline those responsible for all the stages of case identification and resolution and the reporting format.

Abbreviations

- ASCCO - Assistant State Cold Chain Officer
- AZCCO - Assistant Zonal Cold Chain Officer
- CEO - Chief Executive Officer
- CHC - Child Health Card
- COO - Chief Operations Officer
- FM - Field Manager
- FO - Field Officer
- NC - National Coordinator
- NI-ABAE - New Incentives - All Babies Are Equal
- NLWG - National Logistics Working Group
- SCCO - State Cold Chain Officer
- SSO - Supply-side Officer
- SFM - State Field Manager
- SLWG - State Logistics Working Group
- SRD - Stakeholder Relations Director
- SRM - Stakeholder Relations Manager
- SRO - Stakeholder Relations Officer
- SRSS - Stakeholder Relations and Supply-side
- ZCCO - Zonal Cold Chain Officer

Types of Cases

- Vaccine Stockout
- Vaccine RunOut
- CHC Stockout
- CHC Runout
- Vaccine Expiring within a month
- Expired Vaccine
- VM1A form not collated for last month
- VM 1B form not collated for last month.
- Infants not served
- Stock out or Ran out without INS
- Clinic Staff Attitude
- Inadequate Number of Clinic Staff
- Program Rejection
- Rumour and False Beliefs
- Console-SRSS VVM or Expiry Date Review Discrepancy
- Infants Served but Refused Incentive

- Faulty CCE
- Inadequate Seat or Shield

Introduction

- The supply of vaccines and CHC is key to the CCT program of NI-ABAE Initiative since receiving some vaccines is the condition that needs to be met and the CHC needs to be verified before a transfer is made. The VM 1A and 1B forms out to be filled at the clinics and collated by the LCCO and transmitted upwards until it gets to the national before vaccines are distributed downwards to the clinics.
- Managing stakeholder relations is a key process in community-based public health interventions.
- The SRSS team has been mandated to minimize the stockout and run outs of vaccines and CHC. This role requires clear steps on how to identify and deal with these cases.
- This role is also part of the greater stakeholder relations as stakeholders need to be contacted and relationship built need to be leveraged upon to resolve these cases and ensure successful general program implementation.
- The IFTIA FC document provides clear steps and responsible persons for the identification and resolution of stakeholder relations and supply-side cases.
- It also explains the utilization of the [Fortnightly call with SCCO and LCCO Log](#), [Fortnightly Call to Apex Clinics Log](#), [Supply-side dashboard](#) with the attached [VVM and Expiry Review Sheet](#) and the [Stakeholder Relations & Supply-side Case Log](#) to achieve the stakeholder relations and supply-side mandate given to the SRSS team.
- The document is named after the acronym for the required action steps namely: Identify the cases (have some initial understanding and take some initial action), Fill the logs, Transfer all cases into the case logs, Investigate to understand the cause and who is best fit to deal with the case, Act, Follow-up to obtain status report, and Communicate to the wider team which includes the management, operations team and SRSS team (Do not forget to inform the clinic staff or FO of resolution).

The IFTIA FC Protocol

- [IDENTIFY] cases, have some initial understanding (that can be provided by calling the person who reported the case) and take some initial actions (such as recommendations and suggestions to the person during the phone). The various means of identification and those responsible are:
 - Review of the [Supply-Side Dashboard](#) (The SSOs are responsible for reviewing pages 1-2 while the SROs and SRM are responsible for reviewing pages 3-10)
 - Calls to ZCCO, SCCO, LCCO or officers in Apex facility over the course of the appropriate week since this alternated biweekly between calls to Apex clinics and calls to LCCO (The SSO is responsible for this role and will be held accountable for any calls not being made).
 - Review of the [Field Check-in Dashboard](#). [The SRM (for reports from Katsina) and SROs (for cases from Jigawa and Zamfara) are responsible for this role and will be held accountable for unidentified or untransferred cases from these check-ins into the case logs).
 - Any significant case identified during review of the [VVM and Expiry Review Sheet](#).
 - Information from other units like audit findings.
 - Informal or formal conversation during other discussions or meetings (This is adhoc and would be carried out mainly by the SROs, SRM and SRD).
- [FILL] the [Fortnightly call with SCCO and LCCO Log](#), [Fortnightly Call to Apex Clinics Log](#), [Stakeholder Relations & Supply-side Case Log](#), and the [VVM and Expiry Review Sheet](#) (cases automatically filled so SRSS need to fill findings after review) once a case is identified.
 - All SRSS Unit members are responsible for this role depending on who identified the case, who was informed about the case or who took an action.
 - Specifically, [Fortnightly call with SCCO and LCCO Log](#) (is filled by SSOs), [Fortnightly Call to Apex Clinics Log](#) (is filled by SSOs), [Stakeholder Relations & Supply-side Case Log](#) (is filled by all SRSS unit members), and [VVM and Expiry Review Sheet](#) (is filled by all SRSS unit members).

- [TRANSFER] ONLY cases that require action of the SRSS unit, that have not been initially entered or from the [Fortnightly call with SCCO and LCCO Log](#) and [Fortnightly Call to Apex Clinics Log](#) into the [Stakeholder Relations & Supply-side Case Log](#). Transfer all summaries into the Master Case Log tab.
 - All reports in the [Supply-side dashboard](#) and all responses in the [Fortnightly call with SCCO and LCCO Log](#) or [Fortnightly Call to Apex Clinics Log](#) that require SRSS action must be transferred and dealt with until they are resolved.
 - An undesirable answer is when a YES answer is obtained for questions about vaccine expiration or a NO answer to questions of enough vaccines or collection of VM1 forms in either the the [Fortnightly call with SCCO and LCCO Log](#) or [Fortnightly Call to Apex Clinics Log](#)
 - Once a case is transferred, it is immediately marked, 'Being investigated'.
 - All cases from the [Supply-side dashboard](#) are transferred to the 'clinic level case log' (2nd tab in the [Stakeholder Relations & Supply-side Case Log](#)) while the undesirable answers obtained from either the undesirable answers in the [Fortnightly call with SCCO and LCCO Log](#) or [Fortnightly Call to Apex Clinics Log](#) are transferred to the LGA or apex clinic level case log (3rd tab in the [Stakeholder Relations & Supply-side Case Log](#)).
 - **All information for all days in a particular week obtained from the 'clinic level case log' (2nd tab in the [Stakeholder Relations & Supply-side Case Log](#)) and the 'LGA or Apex clinic level case log' (3rd tab in the [Stakeholder Relations & Supply-side Case Log](#)) should be summarized and transferred into the corresponding weekly row in the Master case log (1st tab in the [Stakeholder Relations & Supply-side Case Log](#)).** This is bolded because it is the only activity in this protocol that is done weekly.
 - All SRSS Unit members are responsible for the transfer into the 2nd and 3rd tabs of the [Stakeholder Relations & Supply-side Case Log](#) depending on who identified the case, who was informed about the case or who took an action.
 - The SRM is responsible for the transfer into the Master Case Log tab for all cases in Katsina while the Zamfara and Jigawa SROs are responsible for cases in Zamfara and Jigawa States respectively.
- [INVESTIGATE] all filled or transferred cases to understand the issues better, the root cause of the issue, how best to address the case and who is best fit to resolve the case or to be contacted to resolve the case.
 - Investigation will entail calling the FMs (or FOs) for clinic level cases and the apex clinic in-charge or LCCO or SCCO for apex or LGA level cases if there is additional information desired but was not obtained during the initial case identification.
 - All findings during investigation must be transferred into the appropriate sheet in the [Stakeholder Relations & Supply-side Case Log](#).
 - All SRSS Unit members are responsible for this role depending on who identified the case, who was informed about the case or who took an action.
- [ACT] to ensure that the case is resolved
 - Fill status as 'Resolved' ONLY when the case is resolved and there must be someone in the place where the case occurred to validate the resolution.
 - A case is resolved once it is verified that a particular case that occurred in a particular date is no longer an issue or no longer affects programming.
 - When efforts to resolve a case have been exhausted but the case remains unresolved, its status should be filled as 'action taken but unresolved', and left temporarily to resolve other cases. However, all such cases must be reviewed periodically to assess resolution
 - Action can be taken by the SRSS unit member investigating the case or transferred to another team member more fit to take action. For example, SSOs are to transfer cases beyond their ability to resolve to the SROs or SRM and they in turn transfer cases beyond their resolution to the SRD. It is only when these have been done that a case can be marked 'action taken but unresolved'.

- Action taken could include suggestions, advice, reminders and transportation support provisions during calls and meetings to ABAE staff, clinic staff, officer at apex facility, LCCO, ASCCO, SCOO, ZCOO, the NPHCDA Director of Logistics, or members of the SLWG and NLWG. Examples of supply-side actions include:
 - Following up, reminding or putting subtle pressures on stakeholders at national, zonal, State, LGA and clinic levels to carry out their responsibilities (sending required accountability tools like utilization and request forms or signing off distribution down the supply chain or pulling vaccines downward the supply chain) to avert stockout or resolve it quickly when it occurs,
 - Advice or reminder to LCCO to pick vaccines from the State store,
 - Provision of transportation support of the LCCO to pick vaccines from the State store or Zonal store
 - Plea to LCCO to allocate reserved vaccine to our clinics
 - Advice to FO or LCCO to get stockout vaccine from the neighbouring apex facility or LGA cold store or State cold store.
 - FOs cross checking the clinic daily record with the clinic daily summary and the vaccine monitoring form (VM1 and VM2) at the health facility to improve supply-side data quality which feeds into the monthly report that the clinic sends to the LGA and this use this information to fill the vaccine utilization and vaccine request required to receive vaccines from the national level.
 - Alternate weekly phone calls to the apex facility and the SCCOs and LCCOs to identify stock outs at these levels, vaccines that are expiring soon and if they have received the monthly report from the health facility to use in filling the vaccine utilization and vaccine request required to receive vaccines from the national level.
 - Reminder to the LCCO and SCCO to start this process of developing the vaccine utilization and vaccine request on time and then follow up to ensure early submission. In the past, when we were not reminding and following up with them, delay in vaccine utilization and vaccine request submissions has led to delay in vaccine distribution to our states and widespread stock outs.
 - Attend supply-side meetings at the State, Zonal and National level where supply-side agenda setting, discussion and decisions are made. This also provides opportunity to obtain information and address issues that require policy level decisions.
- The SSOs are responsible for communicating unresolved cases to SROs and SRM and will be held accountable for cases occurring in Katsina State (Katsina SSO), Zamfara and Jigawa States (Jigawa SSO) that have not been transferred to the SRM or SROs but remain unresolved.
- The SRD is responsible for supervising the SRO and SRM and will be held accountable for all cases occurring in Zamfara, Katsina and Jigawa that has been transferred to him by the SRM or SROs but remain unresolved so he needs to take all possible action to ensure resolution and where it is beyond his ability, it is transferred to the NC and document as action taken.
- The SRM is responsible for supervising the SSOs while the SRM and SROs are supervised by the SRD.
- The NC will be held accountable for all cases occurring in Zamfara, Katsina and Jigawa that has been transferred to him by the SRD but remain unresolved so he needs to take all possible action to ensure resolution and where it is beyond his ability, report to the COO and document as action taken.
- [FOLLOW-UP] on all ongoing cases with the person(s) taking action and updating appropriate sheets in the [Stakeholder Relations & Supply-side Case Log](#). This stage also includes the weekly and monthly review of the [Stakeholder Relations & Supply-side Case Log](#) by the SRM and SRD respectively for both completeness and appropriateness. It is also in this stage that the SRD back checks entry into the [VVM and Expiry Review Sheet](#).

- All SRSS unit members should intermittently check the [Stakeholder Relations & Supply-side Case Log](#) every day and follow up with the responsible person to ensure or verify that all cases are resolved.
- All SRSS Unit members are responsible for this role depending on who identified the case, who was informed about the case or who took an action.
- The three tabs of the [Stakeholder Relations & Supply-side Case Log](#) are reviewed by the SRM weekly for both completeness and appropriateness. An infraction will be issued to the SSOs and SROs where a responsible person fails to carry out their responsibilities after 2 working days (the dashboard takes about 24 hours to update so that is why 2 working days is allowed).
- The three tabs of the [Stakeholder Relations & Supply-side Case Log](#) are reviewed by the SRD monthly for both completeness and appropriateness. An infraction will be issued to the SRM where there are gaps in all weeks but the last week of the month and there is no seen infraction issued and subsequent correction (the SRM might be taking action on the last week of the month at the time of the review and that is why the last week is excluded).
- The SRD also back checks at least 10% of the SRSS unit members' entries into the [VVM and Expiry Review Sheet](#) and follows up with console and enters as a case, if any significant issue (Expired vaccine or VVM stage 3 or 4) is identified.
- [COMMUNICATE] the resolution of all cases to the clinic or place where the issue occurred. For internal communication, a daily email that is sent between 4.30pm and 5pm Monday to Friday by the SSO.
 - For any case marked as 'Resolved', feedback must be provided to our clinic staff so there is no assumption that the issue persists thereby affecting programming. If the clinic staff cannot be reached, the FO in charge of the clinic or FM should be informed.
 - For any case marked as 'Action Taken but Unresolved', the FO or FM needs to be informed at the end of the day so there is an understanding that the SRSS unit is still committed to the resolution of the case. Where the FO or FM cannot be reached on phone, the daily email that reaches the SFMs can suffice.
 - The Jigawa SSO is responsible for daily communication of the activities of the SRSS unit, especially resolved and unresolved cases, to an email thread of operations and SRSS units.
 - This email is to be sent by the SSO to the following: COO, NC, SRD, 3 SFMs, SRM, SROs and SSOs.
 - The email will have two sections apart from greeting and closing namely:
 - Copy of the rows of cases worked on that particular day, in the various sheets of the [Stakeholder Relations & Supply-side Case Log](#)
 - Key points of the findings from the table copied and other activities carried out by the SRSS unit on that day.