# DATA COLLECTION BY PHONE: THE SOUTH SUDAN CALL CENTER

A private-sector approach is providing unprecedented access to stock data in one of the most challenging health supply chain environments in world.

South Sudan became an independent nation in 2011. However, decades of conflict before and after independence make this country one of the most unstable and challenging environments supported by the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project. Delivering life-saving health commodities outside of the capital of Juba to ensure people get the medicines and commodities they need can be both challenging and dangerous. Further, collecting stock data from health facilities that is used to help plan commodity deliveries has, until 2017, been considered next to impossible.

To address these data visibility and access challenges, in May 2018 GHSC-PSM leveraged expertise from South Sudan, Spain, and the United States to pilot a low-cost call center based on private-sector models. Using sophisticated information technology equipment, callers proactively connect with stock managers around South Sudan to document stock status of key commodities at intermediate delivery points and health facilities. GHSC-PSM and partners use the data to identify supply risks of health commodities and act to address them so communities don't go without the vital medicines and other commodities they need.

Ultimately the system will incorporate distribution data from the central medical store which will be used to estimate consumption and help better plan procurement and funding. The analysis will also lead to better informed distribution and increased accuracy in forecasting and supply planning.

"Sites reporting data through the GHSC-PSM Call Center has ensured we have **better stock visibility and the capacity to respond to stock outs.**"

— *UNFPA*

### The call center collects data for three health areas:

- For **HIV/AIDS** medicines and HIV rapid test kits from hospitals and primary health care centers

- For **malaria** pharmaceuticals and long-lasting insecticide-treated nets (LLINs), from county health departments (CHDs) and hospitals that serve as intermediate distribution points

- For **family planning** kits, from CHDs and where GHSC-PSM and other partners deliver commodities

## WORK FLOW

The caller places a call at scheduled time using the call center information technology (IT) equipment (Calls are recorded for quality control and training purposes)

Once connected, the stock manager reports on each commodity tracked at that facility

The caller enters stock status into the call center database

GHSC-PSM consolidates data from all reporting sites and shares analysis with partners

GHSC-PSM and partners collaborate to take actions to reduce supply risk

### Partners using call center data and analysis to reduce supply risk include:

- South Sudan
  Ministry of Health
  - National Malaria
    Control Program
- UNDP
- USAID
- U.S. President's Emergency Plan
  for AIDS Relief (PEPFAR)

## HOW THE CALL CENTER IS DIFFERENT FROM EXISTING APPROACHES

| MOST COUNTRIES | SOUTH SUDAN |
|---|---|
| Health facility stock managers report stock status and other data using paper based and/or electronic logistics management information systems | Call center staff gather data centrally by proactively calling health facility stock managers |
| Investments in rollout and training, and technology infrastructure are required at multiple sites throughout the country | Investments are focused exclusively at one location, and one call center team. Changes to system occur only at central level |
| Requires training of health facility stock managers to report data | No special training required for stock managers |
| Requires paper forms and/or computers and/or internet connectivity in most cases | Requires only cell phone connectivity at health facilities and internet connectivity at the call center |
| Implementation typically takes several years | Implementation took 10 months |
| Requires a relatively stable environment to operate | Can be operated in all environments, including unstable ones |
| Highly customized to the country context | Customization of tracer products only |
| Activities managed within each country | Like private-sector call centers, can be managed from anywhere |
| LMIS staff focus on one country only | Call center staff could serve multiple countries using a shared data platform/application |
| LMIS data take months to get to the central level | Data takes a call and consolidation is automated immediately |