



First Do No Harm

ASSESSING & SELECTING HIGH-QUALITY
MEDICAL SURPLUS RECOVERY ORGANIZATIONS





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“When we talk about charity, we’re not just talking about interpersonal exchange, we’re also talking about social exchange. ... So we want to make sure that different people, all people, have access to that exchange, as equal people, so that no one has to come to that exchange, in some ways, exploited, without their voice and their rights given proper place.”

Carolyn Woo, Ph.D.
President and CEO, Catholic Relief Services, USA

Introduction

Thousands of health care organizations across the U.S. – as well as individual medical professionals – are committed to alleviating the problem of medical supply shortages that plague many countries within the developing world. These helping hands have been extended since the initial voyages of Catholic medical missionaries from Europe to the United States in the 1800s. A look inside the luggage of the typical early medical missionary would have revealed all manner of paraphernalia.

But those were simpler times. Today, the task of equipping America's health care facilities with adequate, conveniently packaged and state-of-the-art supplies and equipment is an unintentional contributing factor to the medical "waste" that ultimately takes the form of medical surplus.

Thankfully, ours is a ministry that recognizes that the materials we do not use here can be shared elsewhere to alleviate human suffering. Medical Surplus Recovery is a growing ministry in and

of itself. An entire industry is being built around accepting, sorting and delivering equipment, medical devices and materials such as surgical gloves and like items to Africa, South America, India and other places with great need.

As those organizations that do this work – called Medical Surplus Recovery Organizations, or MSROs – connect U.S. Catholic health care organizations with the developing world, there must be assurances that the donations do, in fact, help.

The Catholic health ministry has an ideal opportunity to advance its worldwide mission of healing by creating innovative ways to improve the current process for identifying, collecting and distributing medical surplus to the developing world. With its knowledge, relationships and infrastructure, the ministry can help MSROs significantly improve their capacity, operations and effectiveness, and can provide access to vital biomedical expertise.



Background – The Case for Assessing MSROs

This guide was developed in response to a 2010 CHA-initiated research project with two main goals:

- ✦ To learn how its member organizations could best alleviate suffering in the developing world through a responsible medical surplus donation program.
- ✦ To examine the practices and effectiveness of MSROs.

Research showed:

- ✦ As few as one in 12, or eight percent, of CHA member hospitals work with MSROs that are capable of ensuring that donations are both functional and appropriate.
- ✦ There's a failure of many donations to accomplish their lifesaving objectives.
- ✦ Environmental liabilities are substantial. Surplus materials often are deposited into landfills or donated without assurances that they can be used in an environmentally sound manner. For example, in January 2011, at the one-year anniversary of the Haitian earthquake, three of the four Haitian hospitals visited by a CHA representative had completely unusable donated equipment left idle. In one instance, X-ray machines containing radioactive material were abandoned in the grass near the facilities. The scenario illustrates the gravity of the environmental issues at stake.



- ✦ Wasted efforts are too often evident. Undoubtedly, CHA members' participation in surplus donation is motivated by the mission to deliver health care to those in need and to facilitate responsible stewardship of resources. However, in some instances, they unwittingly contribute to the problem. Nine out of 10 member hospitals reported that they had donated supplies that were due to expire soon, not knowing how long it would take for the MSRO to sort and deliver them.

To read the executive brief of the 2010 study on medical surplus recovery organizations, go to www.chausa.org/MSROassessment.



Our Call Today – Ensuring Quality

CHA’s research identified a number of characteristics that distinguish “best in class” MSROs. Drawing on the research, this publication presents considerations for identifying, assessing and selecting and working effectively with a quality MSRO.

So that you can easily assess the MSROs you partner with, or hope to engage in the future, CHA has created an accompanying assessment tool, an electronic form that will allow you to rate an MSRO on the nine drivers using recommended questions. It will provide the results of your assessment in a dashboard format that we hope you will find helpful.

CHA recognizes that there are already very useful guidelines or principles for good donations from the World Health Organization (WHO) and the Partnership for Quality Medical Donations (PQMD). The nine drivers offered by CHA are specific to MSROs and developed so that Catholic health care can assess an MSRO’s capacity for ensuring mission fulfillment. Please consider them to be complementary to the already available principles from WHO and PQMD.

Access the PQMD standards at:

www.pqmd.org/assets/PDFs/pqmd_standards_for_medical_equipment_donations_1.pdf.

Access the WHO Considerations at:

http://whqlibdoc.who.int/publications/2011/9789241501408_eng.pdf

Access the WHO Guidelines for Health Care Equipment Donations at:

www.who.int/hac/techguidance/pht/1-equipment%20donationbuletin82WHO.pdf

The Partnership for Global Health also has a variety of useful resources. Access them at:

www.thet.org/health-links/resources-for-links/

By working with its members and MSROs, CHA hopes the call for greater quality in medical surplus recovery is heard and that the response provides even greater alleviation of human suffering.

Get additional information and access the electronic assessment tool on CHA’s website at www.chausa.org/chausa.org/MSROassessment. There you’ll also find the complete executive brief on the 2010 study, as well as a “Getting Started Guide” for international outreach activities. For additional questions or information, please contact Bruce Compton, CHA senior director of International Outreach at bcompton@chausa.org or (314) 427-2500.

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction and skillful execution; it represents the wise choice of many alternatives.”

William A. Foster

Nine Key Drivers for Responsible Collection & Redistribution

Catholic health care ministry has an opportunity to be a catalyst in the development of MSRO industry standards that can significantly improve the impact of surplus donations. The key is to donate usable and appropriately sorted supplies and equipment to an organization that matches donations to identified needs from in-country solicitors. In the 2010 study of MSROs by CHA, the following nine drivers – or nine key impact areas – were identified. These drivers will help MSROs effectively serve more CHA members and create greater impact for the developing country to which they are donated. They come not only from the CHA study, they are based on feedback from ministry leaders, industry leaders and experts from the WHO, Catholic Relief Services and PQMD.

The drivers are:

ORGANIZATION

- + Leadership
- + Staffing
- + Container Price/Value

STAKEHOLDER RELATIONSHIPS

- + Hospitals
- + Business/Financial Partners
- + Beneficiaries

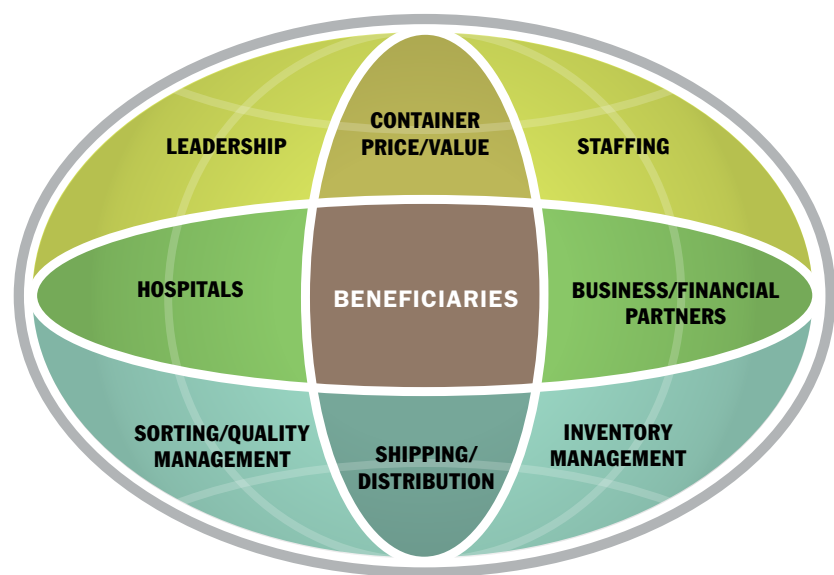
OPERATIONS

- + Sorting/Quality Management
- + Inventory Management
- + Shipping/Distribution

ORGANIZATION

RELATIONSHIPS

OPERATIONS





Organization

Based on the research study on MSROs conducted by CHA (Accenture completed the research, which was funded through the Gerard Health Foundation), here are best practices MSROs should utilize to optimize their capacity, which ultimately enhances their ability to deliver effective and appropriate medical items to solicitors in the developing world.

Leadership

MSROs should be governed by a robust board of directors, led by a dedicated full-time executive director and supported by an empowered staff which includes a cadre of inspired volunteers.

Everyone on the team should be dedicated to a bold vision that is focused on the end impact of their work – the ability of their work to reduce human suffering through the donation of appropriate and usable medical devices. Using their vision, leadership should be able to define and communicate the value proposition of their organization to key stakeholders.

MSRO leadership should seek to improve their ability to capture data and measure impact based on this vision. While growth and output are important tools for an MSRO, they should not be the measuring stick by which an MSRO assesses its success. The key measure should be the reduction of human suffering.

Some best practices in MSRO leadership models include:

- ✦ Employing a full-time, dedicated executive director.
- ✦ Developing a board of trustees with appropriate skills and experience to actively develop relationships with key stakeholders.
- ✦ Focusing operations on the end impact as the primary goal.
- ✦ Supporting a strong, empowered staff and volunteer base.

Staffing

While the research indicates that there are no clear industry standards, and that every MSRO operates differently, having adequate human resources was a key contributor to an MSRO's ability to responsibly collect and redistribute medical surplus. MSROs should be supported by an empowered staff which includes a cadre of inspired volunteers.

In addition to a full-time executive director, staffing should include dedicated, paid staff with clearly defined roles in key areas of the operation.

Persons who should be employed by, or accessible to an MSRO include:

- ✦ Biomedical equipment technician(s)
- ✦ Marketing and development professional(s)
- ✦ Logistics and warehousing management
- ✦ Volunteer engagement and management

Container Price-to-Value Ratio

One of many limitations of hospitals and clinics in the economically developing world is access to financial resources, which is why they are often looking for donated or low-cost equipment and supplies. To be practical for these organizations to acquire donated supplies, it is important that the price-to-value ratio is appropriate. If the cost of supplies is too high, it becomes economically unfeasible for many of those with the greatest needs to acquire the appropriate equipment. At the same time, a donation of inappropriate equipment can also be financially devastating to a hospital or clinic in the developing world. Therefore, it is essential that the donations are both of use to the recipient and affordable.



Examples of processes and activities an MSRO might conduct to ensure low container price-to-value ratio include:

- ✦ Seeking multiple revenue streams to fund containers and implements.
- ✦ Focusing on providing ONLY needed/requested items and not “filler” in each shipment.
- ✦ Providing differential pricing based on the beneficiary organization’s financial strength.
- ✦ Purchasing key needed/complementary items such as equipment parts and implements.



Stakeholder Relationships

The following are best practices MSROs should utilize as they work with the hospitals who donate surplus goods and consultation services.

Hospitals

Developing relationships with hospitals as sources of appropriate donations should be an ongoing process for the MSRO. The MSRO should have a clear business development plan that prioritizes target hospitals and engages hospital leadership and staff at multiple levels. Gaining support of senior executives is just the beginning; reaching out to department heads, PR staff and line personnel will spread the word and build support for the initiative.

The MSRO should have policies and procedures that clearly define what surplus materials are and are not accepted. Policies and procedures should highlight the most needed/fastest moving items and restrict expired items and specialized items as is appropriate for their capabilities. If equipment is accepted, policies should identify types of equipment, and indicate that it must be in working order and with all manuals and accessories.

Best practices by MSROs in partnerships with hospitals should include:

- ✦ Articulating clear business development plans prioritizing target hospitals.
- ✦ Engaging hospital leaders/staff at multiple levels; first gaining C-level support, then engaging all departments including public relations and marketing.
- ✦ Continuously educating line staff.
- ✦ Cultivating and maintaining strong relationships with materials managers, storeroom personnel and key supply chain leaders.
- ✦ Defining clearly what surplus materials are and are not accepted with a focus on receiving most needed/fastest moving items and restricting expired/specialized items.
- ✦ Implementing a fee-based model with differentiated pricing based on different services or number of facilities participating.

Business/Financial Partnerships

The MSRO should have a clear business development plan that prioritizes target partners and creates long-term and multi-tiered relationships for product donation, financial support and volunteers. The plan should identify strategies to create strong community relationships, with the goal of yielding access to local funding, volunteers and in-kind donations resulting in lower costs.

These partnerships allow MSROs to gain access to needed financial resources and capabilities, including leveraging distribution networks, biomedical expertise, warehouse expertise, shipping support, IT support and other professional services.

Some best practices by MSROs in their business and financial partnerships should include:

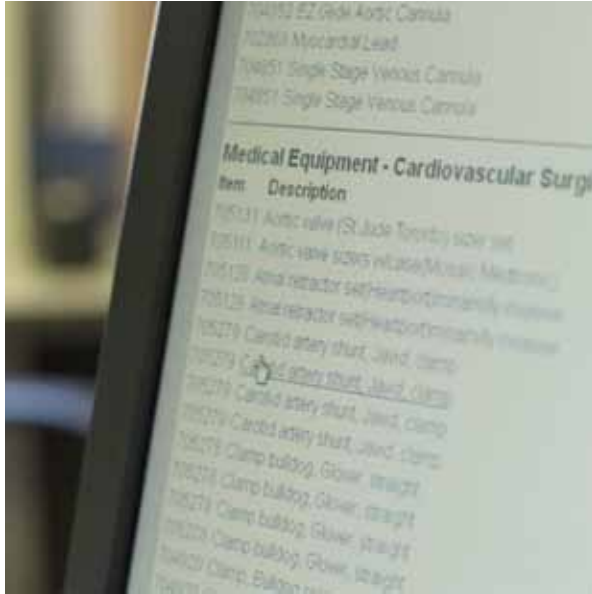
- ✦ Establishing logistics partnership(s) with local or regional national retailers or wholesaler distribution networks.
- ✦ Developing formal partnerships to gain access to capabilities in areas such as biomedical expertise, warehouse expertise, shipping support, etc.
- ✦ Establishing a network of collection centers which may partially or fully sort items before sending to the distribution hub.



Relationships with Solicitors/ Beneficiaries & Humanitarian Organizations

It is essential that all donations fit the needs of the facilities, personnel and patients who ultimately benefit. Therefore, recipients must also be the solicitors of all donations. According to the World Health Organization, only 10 to 30 percent of donated equipment becomes operational in developing countries. This frightening statistic demonstrates the need for Catholic health care organizations to rigorously assess an MSRO's processes with solicitors.

Assessing the MSRO's multi-year strategy for identifying solicitors in the developing world who can appropriately determine the needs and then request appropriate donations is imperative. Additionally, having formal processes to elicit feedback from beneficiaries/solicitors is important.



Some MSRO best practices and processes relating to beneficiaries/solicitors include:

- ✦ Focusing on serving a limited number of regions/countries.
- ✦ Maintaining a computerized database of solicitors/beneficiaries including needs, contacts, shipments and feedback regarding past donations.
- ✦ Conducting in-depth needs assessments directly with solicitors and beneficiaries of each shipment.
- ✦ Validating requested items with solicitors/beneficiaries to ensure usability, confirm quantities and discuss complementary items such as transformers, parts or manuals.

- ✦ Providing multilingual, online, real-time inventory database for solicitors/beneficiaries to use in creating an order. It should include counts and expiration dates and be coupled with complementary items.
- ✦ Partnering with credible in-country health organizations including non-governmental organizations (NGOs), public health organizations, ministries of health and others in order to identify solicitors/beneficiaries and potential needs, and to facilitate effective distribution.
- ✦ Ensuring all hand-carried items are being used by licensed medical professionals to meet identified needs.
- ✦ Setting expectations and requiring follow-up with solicitors/beneficiaries to gather impact information.

** Please note: “beneficiaries” refers to both intermediary organizations such as NGOs or ministries of health, and to end recipients such as individual community clinics or hospitals.*



Operations

Sorting/Quality Management

Too often, items donated to hospitals and clinics arrive after they have expired or they are inappropriate for use. In order to best meet the needs of the personnel and patients in these clinics, it is imperative that donations be sorted appropriately. This enables the soliciting facility to receive only goods that are needed and are not expired.

Some of the best practices MSROs should model in their own practices and procedures include:

- ✦ Sorting mixed supply donations to the individual item level/unique product codes.
 - ▶ Initially, sort donations into 20 to 25 categories, a process that may be appropriate for new volunteers.
 - ▶ Secondly, sort categorized donations to the individual items level, a process that may be appropriate for regular volunteers or those with medical background.
 - ▶ Differentiate sterile from non-sterile items in all sorting processes.
- ✦ Expediting sorting of urgently needed or short-dated items.
- ✦ Utilizing large, well-lit and clean sorting workspaces and sterile sorting tables.
- ✦ Labeling sorting bins clearly, including photo of the item to go into the bin in order to avoid misinterpretation by volunteers or others.
- ✦ Accessing biomedical engineer expertise and trains volunteers to test less complex equipment such as beds.
- ✦ Tracking and reporting amounts disposed of/recycled to donors.
- ✦ Tracking expiration dates to ensure that all short-dated items less than one year from expiration are not shipped in containers, and are disposed of properly.
- ✦ Boxing already sorted supplies in standard sizes and/or manufacturer case lot sizes and includes only full boxes in shipments.
- ✦ Boxing undergoes a quality assurance process by volunteers and by a supervisor before sealing.
- ✦ Boxing immediately placed into inventory once packed and full.



Inventory Management

The use of appropriate information technology for inventory management and logistics is an extremely important part of distributing goods to these often complex overseas locations. As recipients of donations and as exporters, MSROs need to know what products they have in inventory and where their products are at all times. With the appropriate technology, MSROs can better manage donations and improve efficiency, and be responsive to conditions and needs identified by solicitors/recipients.

MSROs also need to implement robust IT systems to support their internal and customer needs, making it easier to track and manage international shipments and to serve changing needs as they reach ever further across the globe.

Some best practice MSRO inventory management processes and capabilities include:

- ✦ Robust IT system that includes:
 - ▶ Tracking receipts, expiration dates, weights and values.
 - ▶ Providing solicitors with dynamic, real-time access to listings of inventory.
 - ▶ Supporting multiple warehouse locations as needed.
- ✦ Bar code technology.
- ✦ Clean, organized warehouses.
- ✦ Less than one-month backlog of donations to be sorted.
- ✦ A distinct process to receive case lots and enter directly into inventory.
- ✦ Clearly defined processes for selecting inventory for shipments, as specified by the beneficiary (first in, first out).
- ✦ Monthly pulls of short-dated inventory (less than one year from expiration) and random quality checks to ensure labeling matches contents.
- ✦ Monthly operational reporting, to include:
 - ▶ Tracking of fastest-moving products and educating/sharing information with hospitals.
 - ▶ Understanding throughput and lead times.
 - ▶ Understanding capacity to accept and ship.

Shipping/Distribution

Exporting medical surplus or any goods overseas is not a simple process. It begins with good internal systems and goes far beyond the turnover of equipment to a shipping company for transport to the developing world. MSROs are required to follow a set of laws regarding U.S. export controls and international import regulations. Assessing an MSRO's ability to effectively and legally distribute their inventory is an important consideration. Among the relevant laws are the Arms Export Control Act and the Export Administration Act

Some best practices by MSROs in their shipping and distribution processes include:

- ✦ Taking ownership for understanding and complying with recipient country's regulations and laws.
- ✦ Maintaining a database of contract persons and customs requirements by country.
- ✦ Managing the process to complete and submit all required paperwork, then shipping requested surplus materials only after all paperwork is approved.
- ✦ Utilizing a third party such as an expediting agent or established NGO to assist with customs/port clearance in-country.
- ✦ Alerting end solicitors/beneficiaries when the container has arrived in their country and confirming its receipt.
- ✦ Organizing container shipments by recipient and color-coded boxes, when shipping to multiple end recipients.
- ✦ Utilizing in-country partners such as NGOs or the government to facilitate distribution to multiple end recipients.



“True progress is that alone which integrally safeguards the dignity of the human being and which enables each people to share its own spiritual and material resources for the benefit of all.”

Pope Benedict XVI

Address to Participants in the U.N. Food Conference, Nov. 24, 2005

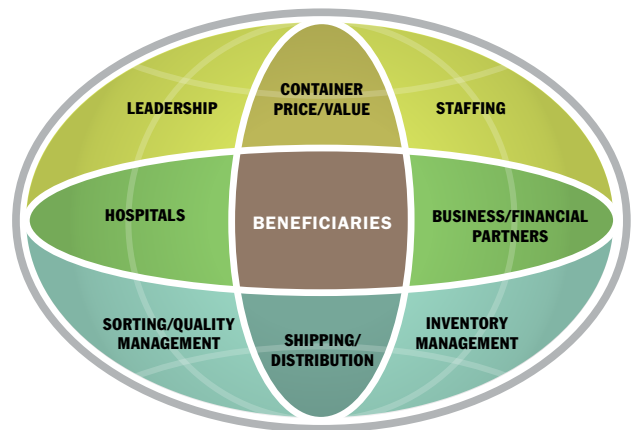
Assessment – Questions for Consideration

The nine key drivers, or best practices, identified and included in the previous pages reflect a vision of what any particular MSRO should be doing to best provide effective donations. Although they can be perceived as simple steps – such as using clean tables for materials sorting – they, unfortunately, are not normal/accepted practice.

Our mission and tradition compels us to ensure that we, like physicians, *first, do no harm*. While not standards in the formal sense, if Catholic health care collectively insists on these nine drivers becoming baseline requirements for any MSRO partners, the ministry can directly impact the donations currently crossing into the developing world.

The following section of this guide offers questions relating to each of the nine drivers. Developed to assist in ascertaining capacity against the nine drivers, they are meant only as a guideline.

As a part of an MSRO vetting process, a site visit to the MSRO's facility should be made. When there, this booklet, with space for writing notes, can help guide the conversation.



In addition to the booklet, the assessment questions are included on an electronic resource you can use to create a dashboard for making sure that any MSRO partner is providing quality, high-efficient donations on your behalf.

The electronic assessment tool is available on CHA's website at www.chausa.org/MSROassessment.

If you have questions about these tools, please contact Bruce Compton, CHA senior director of International Outreach at bcompton@chausa.org or (314) 427-2500.

Organization

Leadership

Action item: Conduct a site visit to the MSRO and meet with the leadership team.

1. Does the MSRO have a full-time dedicated executive director?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

2. Are the executive director and board actively engaged in developing relationships with all stakeholders?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

3. Is there a robust volunteer base?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

4. Is the organization focused on impact and benefit to intended recipients rather than internal growth or throughput of inventory?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Organization

Staffing

Action item: During your site visit meet with the person who serves as primary contact with hospitals and procurement, the lead person in operations, the volunteer coordinator and the primary person who coordinates with beneficiary organizations.

1. Are key functions led by paid employees?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

2. Does the organization focus on building and inspiring a strong, empowered staff? How?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

3. Is there a focus on strong volunteer engagement and management?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Staffing (continued)

4. Is there ready access to biomedical engineers, beyond volunteer or weekend-only support?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

5. What is the backlog for assessing biomedical equipment donations?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Organization

Container Price-to-Value Ratio

Action item: Review the MSRO's policies regarding needs assessment and container pricing. Examine reports of donations received and distributed, as well as publicly available financial statements. Check references from recipient organizations.

1. Is the focus on providing only needed and requested equipment and supplies?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

2. Does the MSRO provide product at a reasonable price for developing world beneficiaries?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

3. Are multiple revenue streams developed to provide low-priced yet high-quality products to the beneficiaries?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Container Price-to-Value Ratio (continued)

4. How much does the beneficiary organization pay for a container of surplus supplies/equipment?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

5. Are complementary items such as parts and supplies, operations and maintenance manuals purchased as necessary?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Stakeholder Relationships

Hospitals

Action item: Request a list of hospitals and organizations the MSRO works with and check their references. Review standard reports to hospitals on donations made including weight, item, percent age of goods disposed of and recycled per month, and other key metrics to help donors assess and report community benefit.

1. Does the MSRO have a business development plan that prioritizes how it can best serve target hospitals?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

2. Does the MSRO charge a pick-up fee for service, indicating its financial sustainability and commitment to quality/service?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

3. Does the MSRO deliver proactive messages for stakeholder groups across media channels (web-based, media, newsletter, e-mail, etc.)?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Hospitals (continued)

4. Does the MSRO engage hospital leaders and staff at multiple levels in the program on an ongoing basis?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

5. Does the MSRO clearly define what surplus is accepted and what isn't, with a focus on most needed and fastest moving items?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

6. Are restrictions placed on the donation of specialized items that can't be operated or maintained in developing world environments?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

7. Are donation recepticals conveniently located in appropriate departments?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Hospitals (continued)

8. Does the MSRO provide ongoing hospital education to keep hospital staff aware of what constitutes appropriate surplus, the impact of appropriate donations and new developments?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

9. Are resource materials such as DVDs, impact stories, suggested policies and procedures, donation guides, etc., provided for reference?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

10. Is a priority put on cultivating and maintaining strong relationships with materials managers, storeroom personnel and key supply chain executives?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Stakeholder Relationships

MSRO Business/Financial Partnerships

Action item: Meet with the person responsible for corporate and financial donations. Request a list of partners and check references. Request their partnership materials.

1. Is there a clear business development plan prioritizing target partners for in-kind and financial donations?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

2. Does the MSRO have long-term and multi-tiered corporate relationships (regional and national) for product donation, financial support, volunteers?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

3. Are there strong community-based relationships with local social service agencies, civic organizations, colleges/universities and businesses?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

MSRO Business/Financial Partnerships (continued)

4. Do current relationships provide access to local funding, volunteers and in-kind donations?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Stakeholder Relationships

Relationships with Solicitors/Beneficiaries & Humanitarian Organizations

Action item: Meet with the person responsible for beneficiary management. Review their application and assessment paperwork. Ask for a list of beneficiaries and check references.

1. Does the MSRO focus on serving a limited number of regions/countries, that correlate with their capacity, financial condition and expertise?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

2. Does the MSRO conduct an in-depth needs assessment with solicitors/beneficiaries?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

3. What is the process for validating requested items with beneficiaries to ensure usability and appropriate quantities?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

4. How does the MSRO determine inclusion of any accompanying items such as transformers, parts or manuals?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Relationships with Solicitors/Beneficiaries & Humanitarian Organizations (continued)

5. Does the MSRO maintain a database of beneficiary organizations, needs, contacts, shipments, feedback, etc.?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

6. Does the MSRO maintain partnerships with credible in-country health organizations?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

7. Does the MSRO have quality control measures in place to ensure that all donated items are used by licensed medical professionals to meet identified beneficiary needs?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

8. Is there regular follow-up with end-recipients to measure impact and set the stage for future planning, evaluation and additional value creation?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Operations

Sorting/Quality Management

Action item: Meet with the volunteer/sorting coordinator. Request and review any volunteer training materials. Visit with volunteers regarding their training and understanding of the process. Send volunteers from your facility to a volunteer day to get first-hand understanding of volunteer training and the type of work to be done.

1. Are supplies sorted to individual item level with unique product codes?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

2. Does sorting differentiate between sterile and non-sterile supplies and equipment?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

3. Is there a priority on expediting the sorting of urgently-needed or short-dated items that are closer to expiration?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Sorting/Quality Management (continued)

4. Are expiration dates tracked and monitored to ensure that all short-dated items less than one year from expiration are not shipped in overseas containers?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

5. Does sorting take place in large, well-lit and clean workspaces?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

6. Do trained biomedical engineers evaluate the usability and maintenance requirements of equipment?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

7. Is equipment accompanied by appropriate operating and maintenance manuals?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

8. Are volunteers trained to appropriately handle supplies and equipment based on the criteria established?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Sorting/Quality Management (continued)

9. Are the number of items disposed of or recycled tracked and reported to donors?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

10. Are items placed in standard-size boxes, containers and/or manufacturer case lot sizes?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

11. Are boxed supplies checked for quality prior to sealing?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

12. Do completed boxes go into inventory immediately?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Operations

Inventory Management

Action item: Meet with the person in charge of inventory management. Review copies of inventory policies and protocols. Request and examine copies of reports showing short-dated inventory and an inventory aging report.

1. Does the MSRO have an information technology system in place to track receipts, expiration dates, weights and value of items?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

2. Does the MSRO use technology to facilitate ordering, shipping, tracking and reporting? Does it offer a real-time view of inventory?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

3. How long is the backlog for sorting donations?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Inventory Management (continued)

4. Is staff proficient with the technology, therefore understanding throughput, lead times and capacity?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

5. Does the MSRO have a separate process to receive case lots and enter these directly into inventory?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

6. Are there clearly defined processes in place to select inventory for shipment, e.g., “First In, First Out,” or as specified by the beneficiary?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

7. Are there monthly pulls of short-dated inventory with less than one year to expiration?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

8. Are random quality checks conducted to ensure labeling matches actual content?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Operations

Shipping/Distribution

Action item: Meet with the person in charge of shipping/distribution. Request and examine copies of sample pick-lists and packing slips. Review beneficiary feedback regarding shipments.

1. Does the MSRO comply with current U.S. export regulations and the import laws of the recipient country?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

2. Is all required paperwork prepared for international shipments?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

3. Do shipments take place only after all paperwork has been approved?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

4. Does the MSRO utilize an appropriate third party such as an expediting agent or an established NGO to assist with customs and port clearance in the country of destination?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

Shipping/Distribution (continued)

5. Are solicitors/beneficiaries alerted when shipments arrive at port, and are they required to confirm receipt when shipments reach the final destination?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

6. Do appropriate in-country partners such as established NGOs and government agencies help facilitate distribution to multiple end-recipients?

COMMENTS:

EVALUATION: *Very Low (1)* *Low (2)* *Moderate (3)* *High (4)* *Very High (5)*

CONCLUSION

“People say, ‘What is the sense of our small effort?’ They cannot see that we must lay one brick at a time, take one step at a time.”

Dorothy Day

Conclusion

A systematic response to the issues identified in CHA's 2010 MSRO study can help both our work and the work of the MSROs. Fostering better tracking, reporting and evaluation of donations, and providing a foundation to match supplies and equipment with actual needs of beneficiaries *will* help alleviate suffering in the developing world.

This assessment guide, and the nine drivers it includes, is offered for your consideration with the hope that by using this guide and creating a partnership mentality with an MSRO, that the hard work and valuable donations have the intended impact on women, children and men living in the developing world.

CHA hopes the drivers will become the standard for maintaining and creating partnerships with MSROs and also are a catalyst for helping existing MSROs increase their capacity, and even create interest in the founding of new MSROs.

We are called to bring help and hope to all of God's people in need. Let us all now respond.

Be sure to access all of the resources related to assessing an MSRO at www.chausa.org/MSROassessment and feel free to contact Bruce Compton, CHA senior director of international outreach, at bcompton@chausa.org or (314) 427-2500.







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