

Reproductive Health Commodity Logistics System (RHC LS)

**Overview, Progress & Way Forward
(2013 – Dec 2019)**

JSI Research & Training Institute, Inc

Nay Pyi Taw

**28 January
2020**

Outline

- RHC LS achievement up to date
- Benefits for adopting RHC LS and using mSupply
- Phase out period (Jan – Mar 2020)
- Way forward after March 2020

Why RH LMIS is needed

- Frequent stock outs of RH commodities
- Not full-supply
- Lack of standardized logistics management information system (LMIS)
- Ordering and reporting frequencies vary across projects for the same commodities
- A lack of established stock levels and inventory control system
- Overstock >> Stock out

Three Components of LMIS



Standard Processes & Procedures

- 178 townships under 12 states / regions



LMIS Automation mSupply

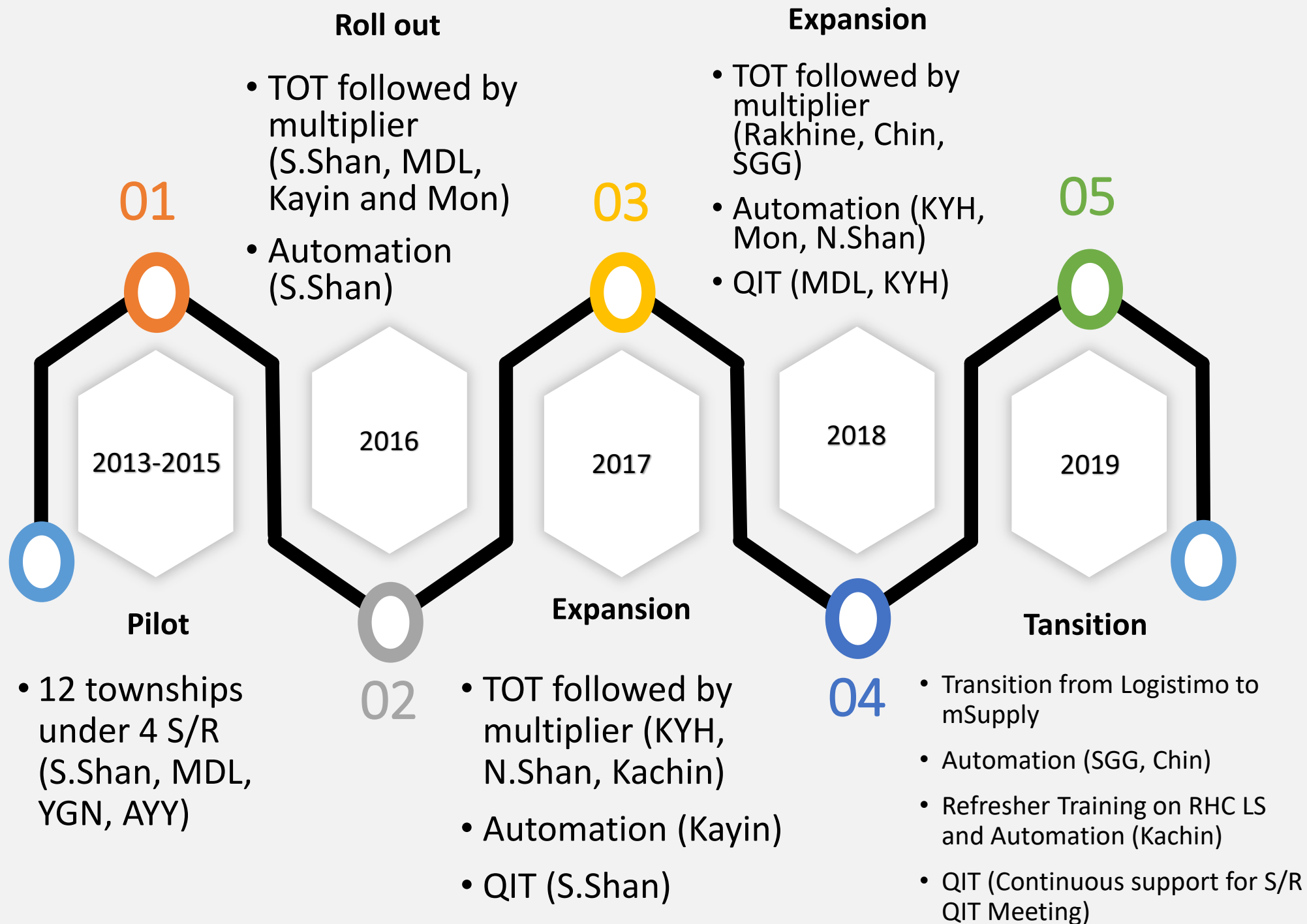
- 148 townships under 9 states / regions



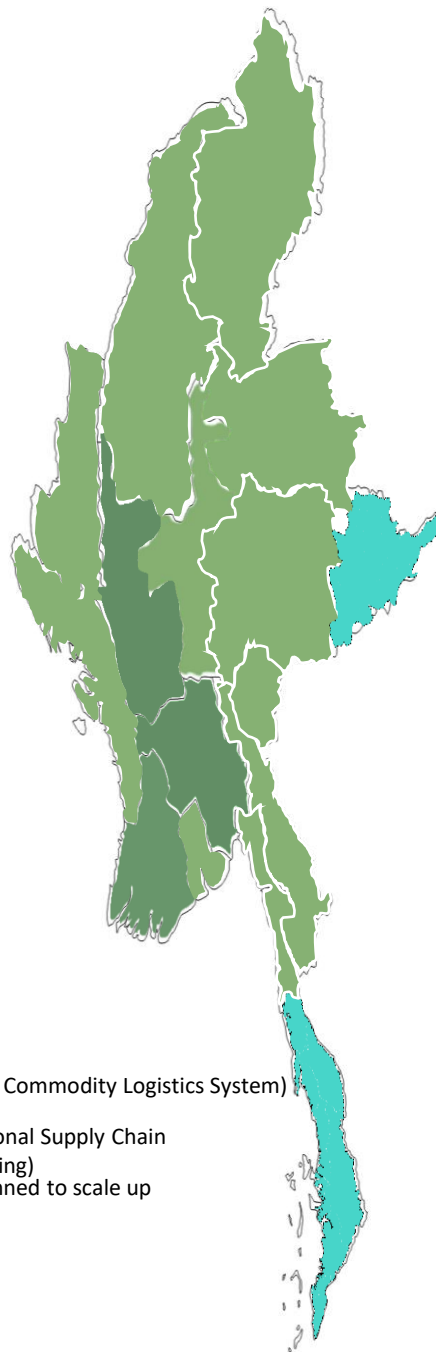
Quality Improvement Teams (QIT)

- 59 townships under 4 states / regions

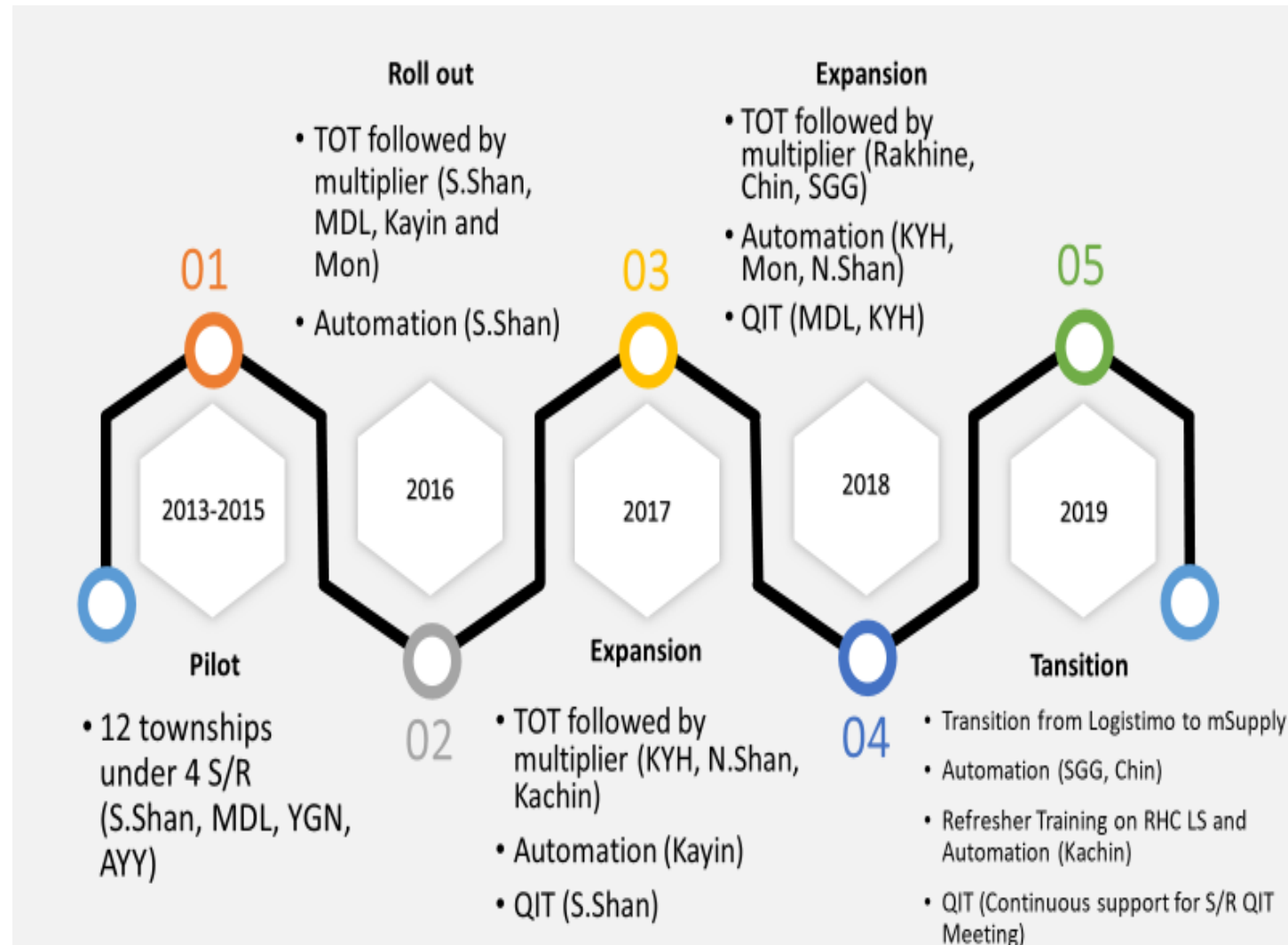
States and Regions RHC LS has been Implemented



States and Regions RHC LS has been Implemented



- RHC LS (RH Commodity Logistics System)
- RSCS (Regional Supply Chain Strengthening)
- RHC LS planned to scale up



How much JSI did for RHC LS - Achievement Summary (2013 – December 2019)

Activities	Achievement	Coverage
Training of Trainers (TOT) on RHC LS	12 Sessions	12 States and Regions
Multiplier Training on RHC LS	377 Sessions	178 townships in 12 States and Regions
Refresher Training on RHC LS	83 Sessions	10 States and Regions
Total BHS received RHC LS Training	12,827 Persons	178 townships in 12 States and Regions
Automation Training on RH LMIS	23 Sessions	148 townships in 11 States and Regions
Total health staffs received Automation Training	703 Persons	148 townships in 11 States and Regions

How much JSI did for RHC LS - Achievement Summary (2013 – December 2019)

Program Activities	Achievement	Coverage
TOT on Quality Improvement Team (QIT)	4 Sessions	In Southern Shan State, Kayah State, and Mandalay Region
Multiplier Training on QIT	64 Sessions	59 townships in 4 States and Regions
Total health staffs received QIT Training	1,639 Persons	59 townships in 4 States and Regions have organized township and RHC level QIT teams
State/Regional Level QIT Meeting (Quarterly)	18 Times	Southern Shan State (9) , Kayah State (4) and Mandalay Region (5)
National Quantification Training Workshop for RH/FP Products and Review Workshop	5 times	For all states and regions Using demographic and consumption data
Regular Pipeline Monitoring	Up to Dec 2020	For all states and regions Using consumption data from Automated LMIS software

Benefits for adopting RHC LS & using mSupply

- Well-documented SOP of RHC LS system
- Data Visibility by reviewing mSupply
- Practices resulted from knowing LMIS, Inventory Control System and QIT approaches.
- Improved resupply for RH/FP products at different levels
- Can't take the knowledge about SC management (e.g. AMC, MOS, FEFO etc.) of your memory and daily practices.
- Addressing stock imbalance
- Increase awareness of stock status by BHS, TMO, Focals from SHD/RHD

Benefits for adopting RHC LS & using mSupply

- Reallocation across states/regions
 - Depo, OC pill, EC pill, MgSO4 (KYH >>> S.Shan)
 - Depo (N.Shan >>> Mandalay)
 - Thiamine (B1) 50 mg (Chin >>> Mandalay)
 - Depo, DMPA-SC, Urine protein test, Hb Color Scale (KYH >>> IM (1))
 - Deop, Urine protetin test, Hb Color Scale (KYH >>> IM (2))
 - Miso (KYH >>> Central)
- Avoid expiry issue
- Better accountability by THD and SHD/RHD
- ATM program has also been using mSupply
- UNICEF and EPI Program confirm to use mSupply for EPI products

Routine Procedures for mSupply (Automation)

- Setting up the mSupply Software
- Testing the hardware and software environment to ensure data synchronize completely
- Providing remote technical support to Data Entry Points (Hardware/software and data reviewing by focal persons)
- Reviewing and Analysis of LMIS data and presenting the findings to focal persons
- Updating the online dashboard
- Adding, Editing and Hiding the facility, user and item list
- Update and Maintenance of mSupply software
- Communicating with Sussol Team to address the issues
- Assisting in making necessary action to maintain stock adequacy/availability at any level

Phase out (JSI) period (Jan-Mar 2020)

- Scale up the system in two new States and Regions: **Eastern Shan and Tanintharye.**
- Refresher trainings on RHC LS and Automation set up in Winemaw, Moehnyin, Moekaung – Kachin State (Now)
- Joint monitoring visits (MOHS, UNFPA and JSI)
- Technical Support for Automated LMIS Software (including addressing the issues, Un-finalization process, regular monitoring the LMIS data, etc.)

Way Forward after March 2020



- Starting from April 2020
- If any gap (+) beyond Mar 2020, ???
- Continue Scale up
 - Paper-based -
 - Automation System - Rakhine and
- LOA from MOHS

Technical Ownership after JSI phase out

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16 January 2020

Director
Maternal and Reproductive Health Unit
Department of Public Health (DOPH)
Ministry of Health and Sports
Nay Pyi Taw, Myanmar

Dear Director:

JSI Research & Training Institute, Inc. (JSI) has worked with the Ministry of Health and Sports (MOHS), Myanmar, since April 2013, primarily with the Maternal and Reproductive Health (MRH) Unit in the design and implementation of the Reproductive Health Commodity Logistics System (RHC LS). UNFPA has provided funding for JSI technical support to MOHS for the development and implementation of RHC LS.

In the development and implementation of RHC LS, JSI has provided technology and knowledge in the area of health commodity supply chain management. Working with MRH, JSI designed the logistics management information system (LMIS) and the inventory control system for the management of reproductive and maternal health commodities; MOHS, with assistance from JSI, implements these systems at the township and service delivery levels of the supply pipeline, with data accessible to the central and state/regional levels of the system. To support implementation, JSI developed standard operating procedures (SOPs), manuals, trainers' guides, and participant training workbooks for RHC LS and the QIT (quality improvement team) approach used to encourage manager use of data produced through RHC LS.

In addition, JSI designed and established the use of the paper-based LMIS, including LMIS forms (IRV, SLB, FSR) and the accompanying electronic LMIS which now uses the mSupply software platform. JSI also developed SOP manuals and training materials for the electronic LMIS.

JSI, with funding from the Bill and Melinda Gates Foundation, and more recently UNFPA, has provided MOHS with training in quantification of reproductive and maternal health commodities, and has established a database of related information using PipeLine software.

MOHS staff now use these materials and procedures for the management of reproductive and maternal health commodities at all levels of the health supply chain.

JSI R&T, in agreement with UNFPA, will discontinue its technical assistance to MOHS in support of RHC LS as of 31 March 2020. During the period of January 1 – March 31, 2020, JSI is transitioning responsibilities for RHC LS support to MOHS and UNFPA. As of April 1, 2020, JSI will no longer have a technical assistance role supporting RHC LS, MOHS or UNFPA Myanmar. JSI has no objection to and will not interrupt MOHS, or whoever MOHS

assigns, use of any materials, processes and procedures that JSI produced and implemented while providing technical assistance to MOHS Myanmar and UNFPA Myanmar, with the understanding that JSI does not necessarily own the rights to these materials, processes and procedures. JSI also commits to obtaining prior approval from MOHS and UNFPA for the use of any Myanmar specific data or information produced during the design and implementation of RHC LS in any JSI research paper for publication or presentation at international seminars or conferences.

JSI appreciates the opportunity we have had to work with MOHS to establish RHC LS system in Myanmar.

Sincerely,

Michael McGunnigle
Administrator
JSI Research & Training Institute, Inc.



First QIT Meeting – Mdy Region Nov 2018



Second QIT Meeting – Mdy Region Feb 2019



Third QIT Meeting – Mdy Region (May 2019)



Reallocation practices among Townships during QIT Meeting - Mdy Region (May 2019)



Third QIT Meeting – Southern Shan State
(May 2018)



Sixth QIT Meeting – Southern Shan State
(Jan 2019)

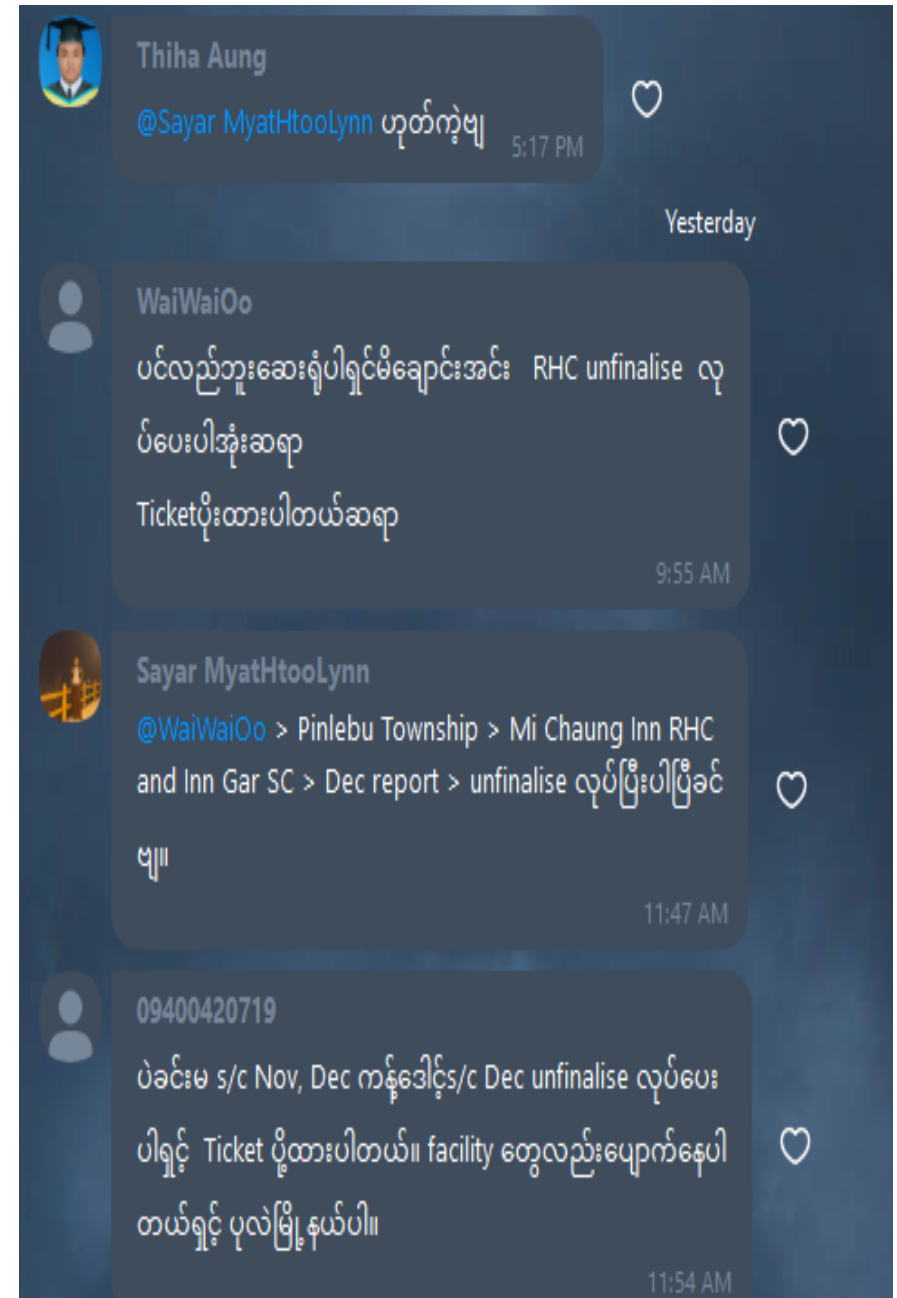
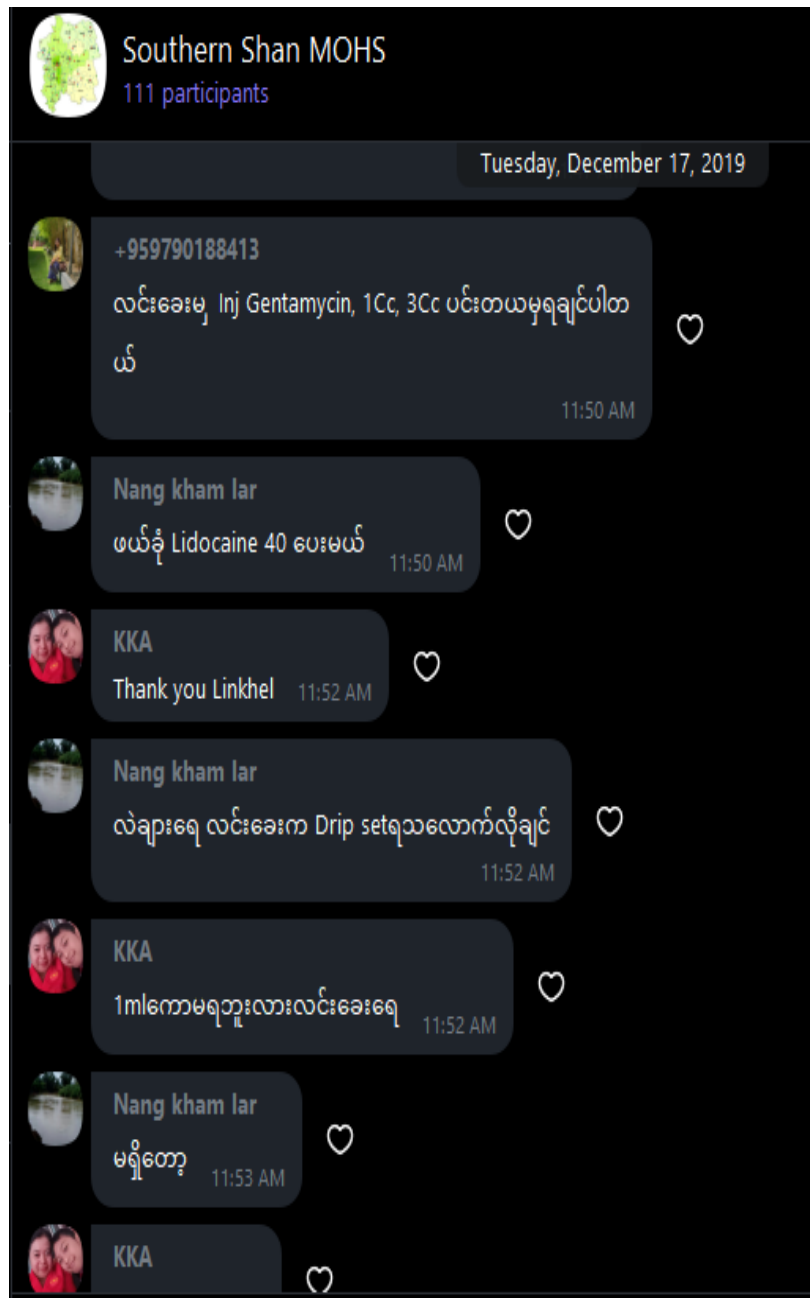


Seventh QIT Meeting – Southern Shan State
(Jan 2019)

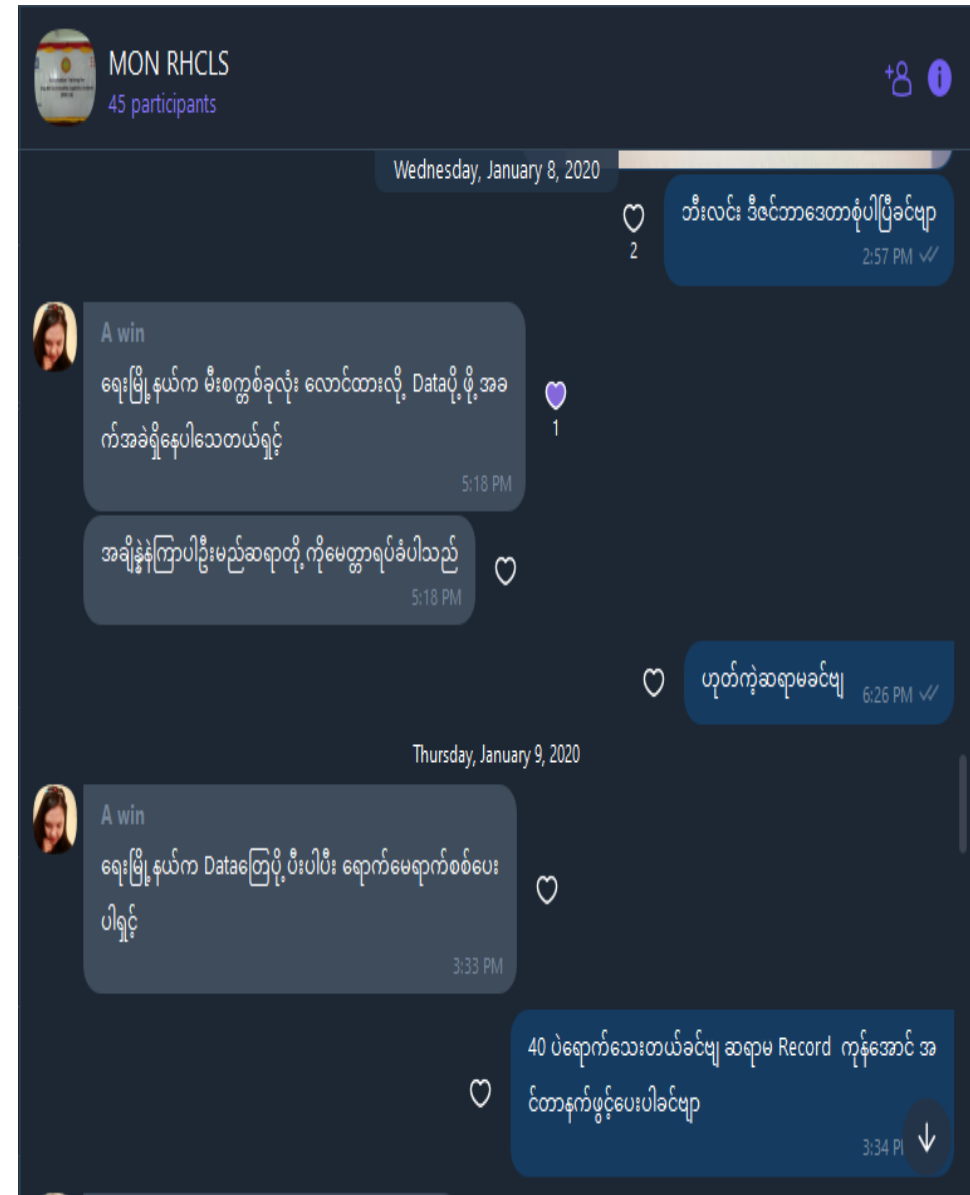
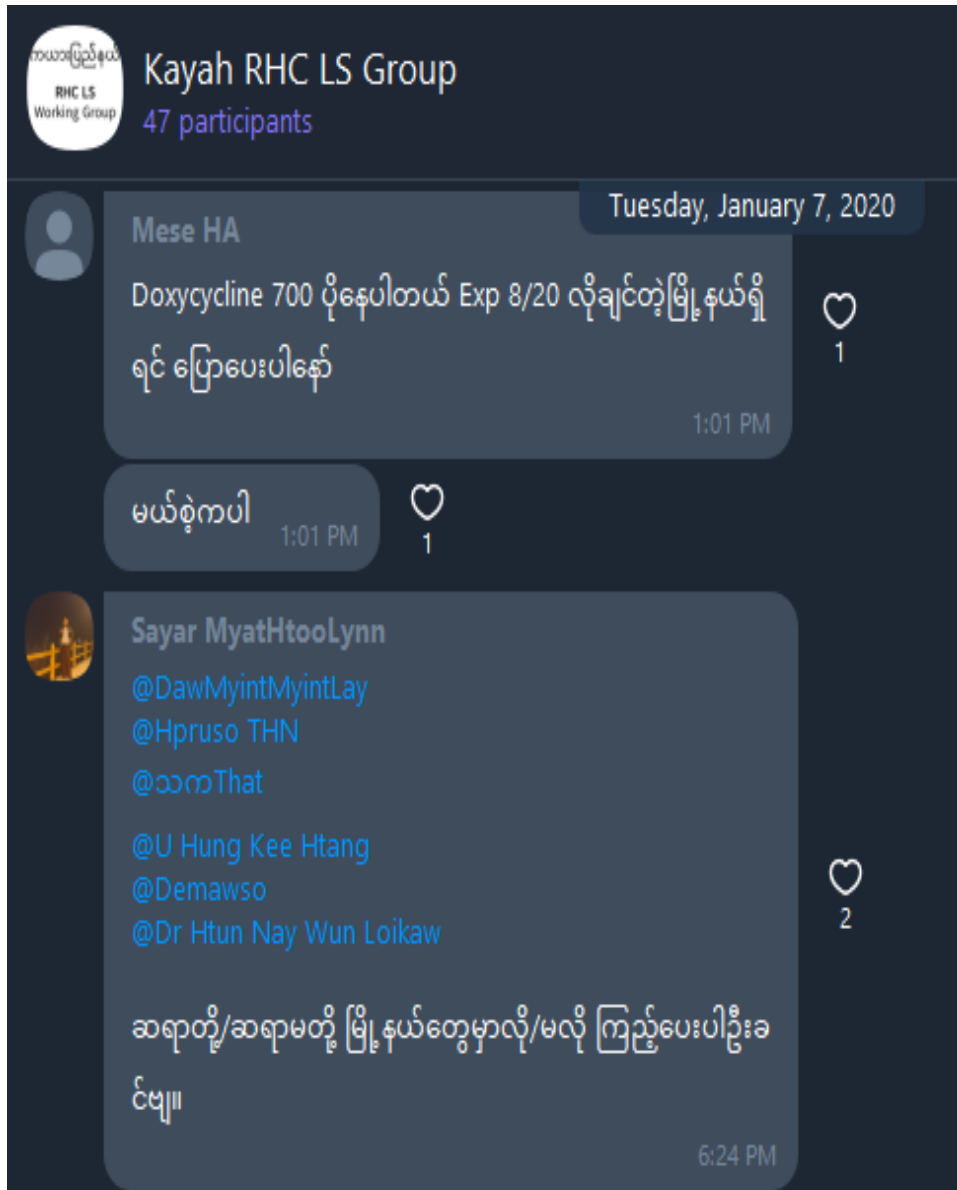


Reallocation practices among Townships
during QIT Meeting – Southern Shan State

Communication with Social Media (Viber)



Communication with Social Media (Viber)





Saved Money by means of QIT

Saved* in:

Southern Shan: (Sep 2017 – Nov 2019) 326,677,100 MMK (211,206 USD)

Mandalay : (Dec 2018 – Aug 2019) 131,112,260 MMK (86,142 USD)

Kayah : (Jan 2019 –Nov 2019) 51,238,464 MMK (34,159 USD)

*If particular medicine is unnecessarily overstock at health facility beyond its expiry date.

[illegible]

**Making
sure
products
are
available.**

