

# **Reproductive Health Commodity Logistics System (RHC LS)**

## **Mandalay Region**

Dr. Chan Nyein Maung

Deputy Regional Public Health Director (Public Health)

Regional Public Health Department

# Background of RHC LS in Mandalay Region

Activity	When
TOT on RH LMIS for three pilot townships (Wundwin, Pyinoolwin, Kyaukse) followed by multiplier trainings	May 2014 Jun – Sep 2014
Training on Automated LMIS (Logistimo) for pilot townships	Sep 2014
TOT on RH LMIS for all (28) townships in Mandalay Region followed by multiplier trainings	Nov 2016 Nov – Dec 2016
Training on Automated LMIS (Logistimo) for all townships	March 2017
Regional level technical review workshop on RHC LS	5 – 6 Dec 2017
Refresher training for three pilot townships	April 2018
RHC LS refresher trainings to BHS in 16 townships	December 2018

# Background of RHC LS in Mandalay

Activity	When
Refresher training on Automated RHC LS - mSupply	12-13 March 2019
Refresher training on RHC LS for 26 townships	November 2019
Refresher training on Automation for 18 townships	November 2019

Now, **28** townships, **41** master trainers and **1885** BHS have completed RHC LS training, **108** participants have received mSupply training ,and **1081** facilities have been submitting the FSR reports via automation system.

# Background of QIT in Mandalay

Activity	When
Training of Trainers (TOT) Workshop on QIT	06 - 07 August 2018
Multiplier Trainings on QIT in all 28 townships	August – September 2018
QIT teams established and monthly QIT meetings in all 28 townships	August 2018 up to now
<b>First Regional Level QIT Meeting</b>	<b>05 November 2018</b>
<b>Second Regional Level QIT Meeting</b>	<b>08 February 2019</b>
<b>Third Regional Level QIT Meeting</b>	<b>06 May 2019</b>
<b>Fourth Regional Level QIT Meeting</b>	<b>12 &amp; 13 September 2019</b>
<b>Fifth Regional Level QIT Meeting</b>	<b>18 &amp; 19 December 2019</b>

# RHC LS Performance

- **Reviewing Period**
  - Baseline – June 2018
  - Review Period – June 2018 – December 2019
  - Review on 10 RH Commodities (June 2018 – December 2019)
  - Review on 18 RH Commodities (December 2019)
  - Target Period – December 2020

# Prioritized 10 Items for Performance Indicators

(started on June 2018)

No.	Prioritized Commodities (Mandalay)
1.	Medroxyprogesterone acetate, 150 mg, 1ml, vial
2.	Ethinylestr, 0.03 mg/Levonorgestrel, 0.15mg, plaq., 28 tab
3.	Pregnancy Test, UCG/HCG, urine, strip.
4.	Urine Test, Glucose, blood, protein, pH, strip.
5.	Misoprostol, 200 µg, tab.
6.	Clean Delivery Kit, kit.
7.	Thiamine (vit. B1), 50 mg, tab.
8.	Mebendazole, 500mg, tab.
9.	Oxytocin, 10 IU/ml, 1 ml, amp.
10.	Ferrous Sulphate, 150 mg/ Folic Acid 0.4 mg, tab.

# Prioritized 18 Items for Performance Indicators

(started on Nov 2019)

No.	Prioritized Commodities (Mandalay)
1.	Clean Delivery Kit (CDK)
2.	DMPA-SC (Sayana Press)
3.	OC Pill
4.	EC pill
5.	Magnesium Sulphate
6.	Injection Depo
7.	Metro 200 mg
8.	Misoprostol 200 mcg
9.	Injection Oxytocin
10.	R/L

No.	Prioritized Commodities (Mandalay)
11.	Infusion Set
12.	N/S 500 ml
13.	Syringe 3 ml
14.	Syringe 5 ml
15.	Hb Color Scale
16.	UCG Test
17.	Urine Test (protein)
18.	B1 10 mg

## *Performance Indicators (Mandalay Region)*

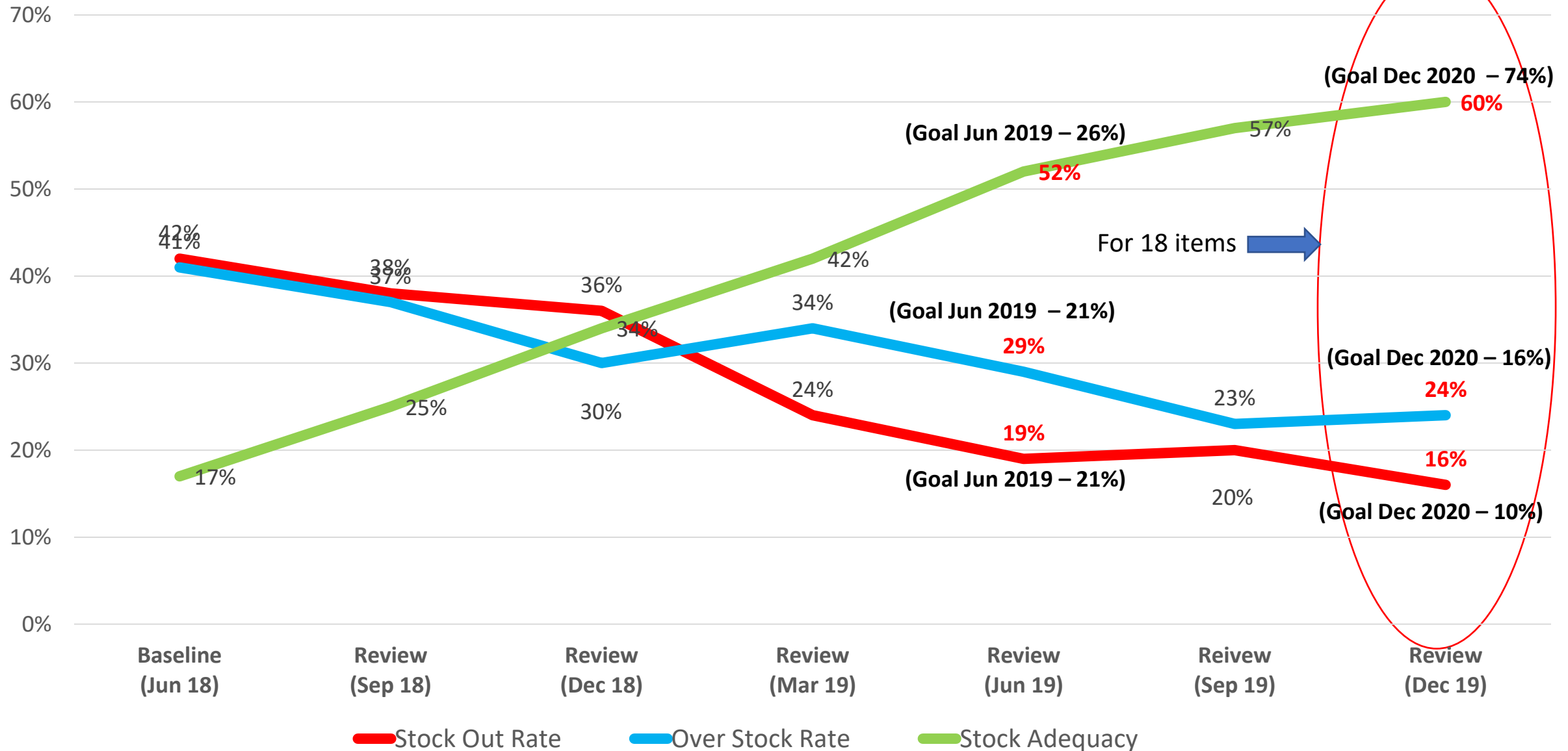
	<b>Baseline (Jun 18)</b>	<b>1<sup>st</sup> QIT (Sep 18)</b>	<b>2<sup>nd</sup> QIT (Dec 18)</b>	<b>3<sup>rd</sup> QIT (Mar 19)</b>	<b>Review (Jun 19)</b>	<b>Goals (Jun 19)</b>
(1.1) % facilities submitted FSR in monthly basis	98%	99%	100%	99%	<b>100%</b>	100%
(1.2) % facilities submitted FSR timely in monthly basis	90%	92%	100%	96%	<b>100%</b>	100%
(2) % data accuracy for matching between CB and OB	89%	96%	95%	99%	<b>100%</b>	100%
(3) % facilities stocked out (Prioritized RH commodities)	42%	38%	36%	24%	<b>19%</b>	21%
(4) % facilities overstocked (Prioritized RH commodities)	41%	37%	30%	34%	<b>29%</b>	21%
(5) % facilities adequately stocked (Prioritized RH commodities)	17%	25%	34%	42%	<b>52%</b>	26%



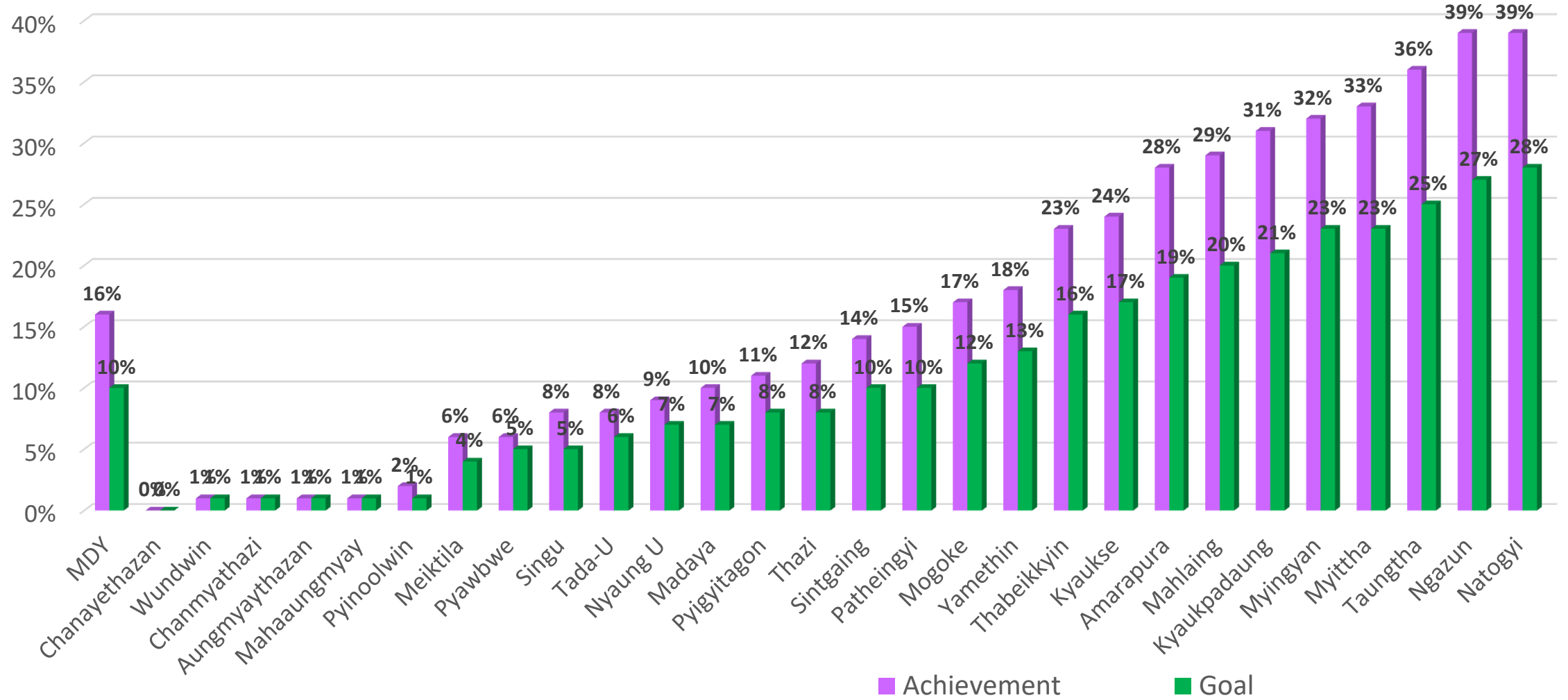
## *Performance Indicators (Mandalay Region)*

	<b>Baseline (Jun 19)</b>	<b>Review (Sep 19)</b>	<b>Review (Dec 19) For 10 items</b>	<b>Review (Dec 19) For 18 items</b>	<b>Goals (Dec 2020)</b>
(1.1) % facilities submitted FSR in monthly basis	100%	100%	<b>100%</b>	<b>100%</b>	100%
(1.2) % facilities submitted FSR timely in monthly basis	100%	100%	<b>100%</b>	<b>100%</b>	100%
(2) % data accuracy for matching between CB and OB	100%	100%	<b>100%</b>	<b>100%</b>	100%
(3) % facilities stocked out (Prioritized RH commodities)	19%	20%	<b>25%</b>	<b>16%</b>	10%
(4) % facilities overstocked (Prioritized RH commodities)	29%	23%	<b>19%</b>	<b>24%</b>	16%
(5) % facilities adequately stocked (Prioritized RH commodities)	52%	57%	<b>56%</b>	<b>60%</b>	74%

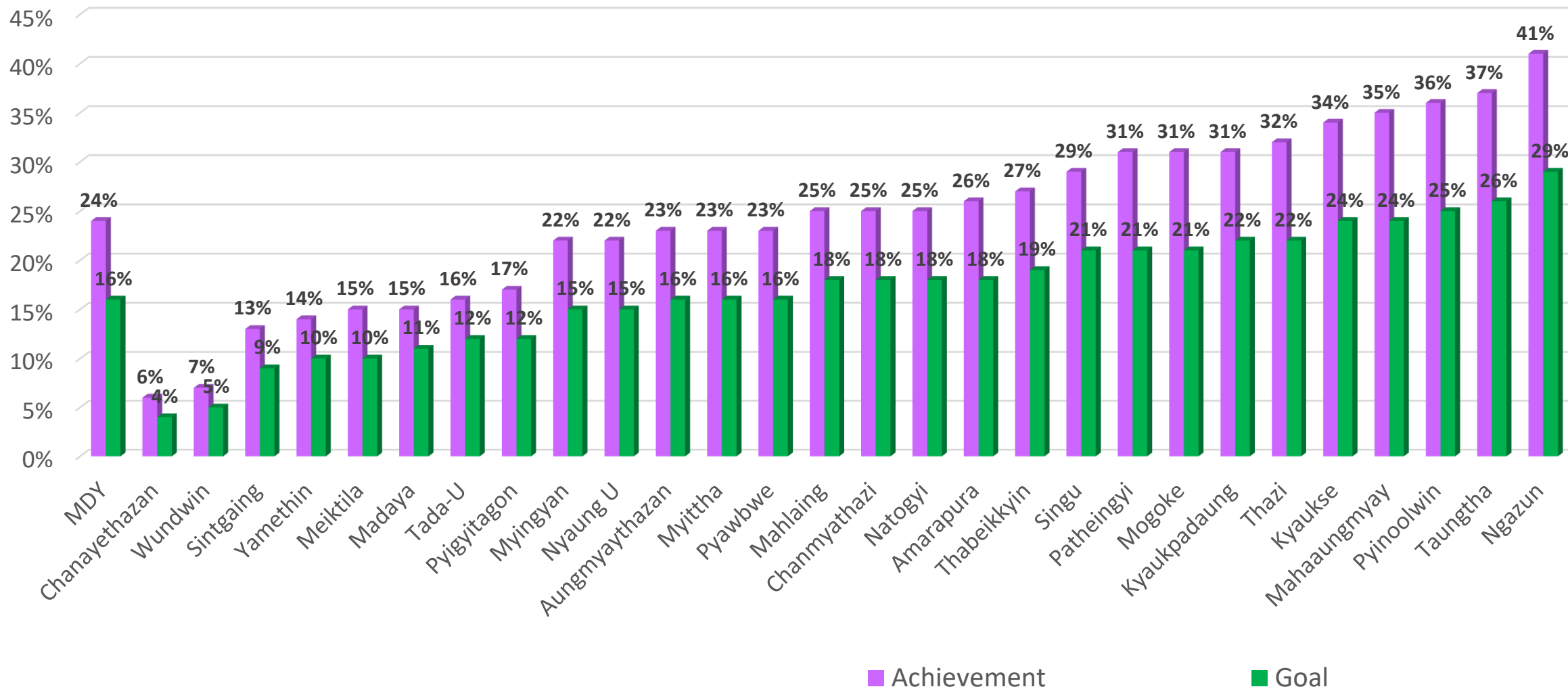
# Stock Status (Jun 18 – Dec 19)



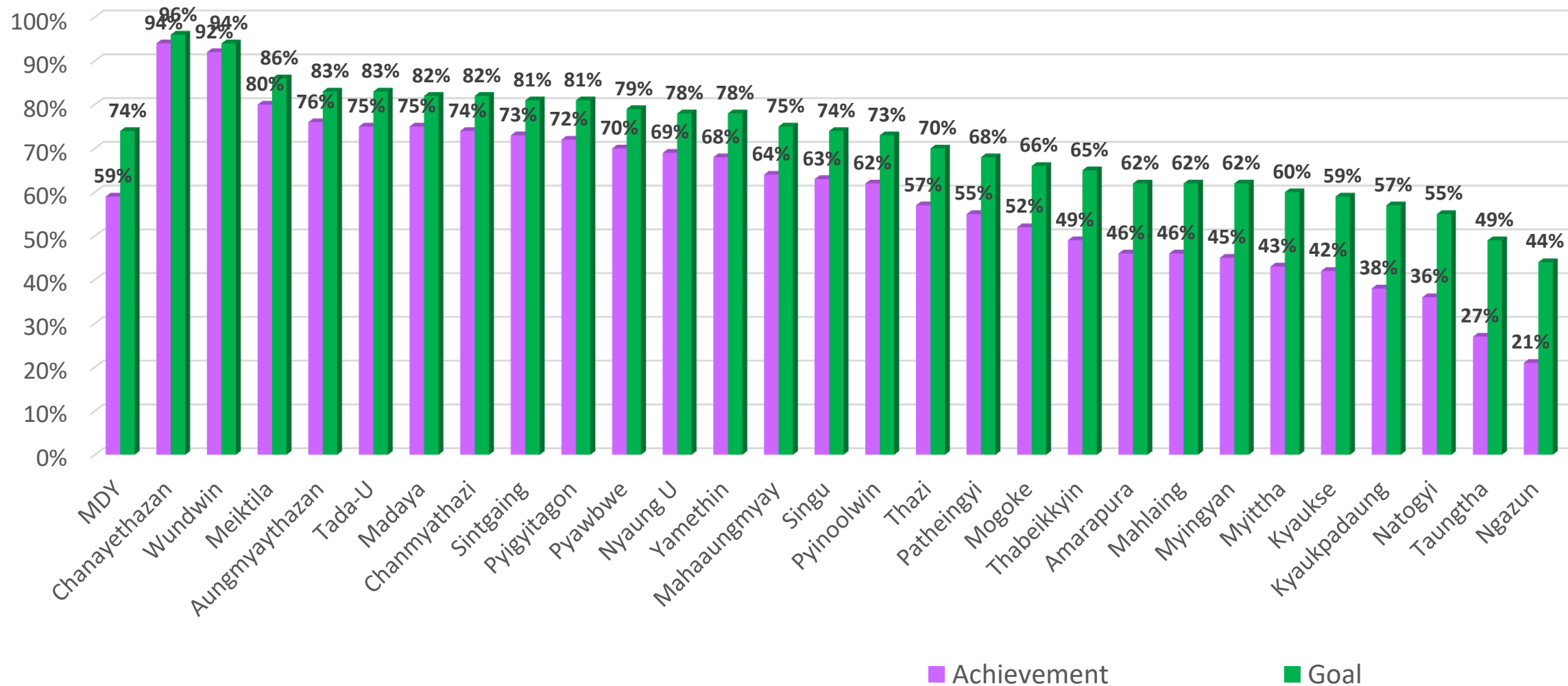
# Stock Out Rate (Township-wise-Dec 2019) for 18 items



# Over Stock Rate (Township-wise-Dec 19) for 18 items



# Stock Adequacy (Township-wise-Dec 19) for 18 items



# Advantages of RHC LS

- Understanding and practice on “**pull system**” in resupply procedures
- Regional public health department can access **to real-time data** regarding stock on hand and consumption status of all small health facilities
- Improvement in **stock management** of 38 RH commodities at Regional, Townships and Small Health Facilities levels
- Improvement in completing **LMIS forms** correctly and regular timely reporting practices by basic health staffs
- Township level BHS are familiar with **digital data entry and reporting** systems
- Reduction in stockout and overstock level and improvement in **stock adequacy level** at different levels of HFs.

# Advantages of RHC LS

- Improved awareness on nearly **expired products** and stock status of small health facilities and townships and region
- Experiences on **better stock reallocation** practices among small health facilities and townships; between states and regions to maintain stock adequacy
- **Cost saving** by reallocation of overstock RH commodities among the facilities and townships; between states and regions; and regional public health department and large hospitals

# Advantages of QIT (Regional & Township)

- Continuous **Monitoring and Supervision**
- Know the **Gap**, Find the **Solution** and Solve the Problem & Enhance the progress
- More **Keep in Touch** between Regional and Township; between Townships; among the BHS
- **Recognition and Rewards** for Achievement
- **MOTIVATION** to ACHIEVEMENT OF RH COMMODITY SECURITY



## **Saved Cost ( Dec 2018 – Aug 2019)**

Total 131,112,260 MMK (86,142 USD)  
resulted from reallocation of 38 RH commodities

# Challenges

- **Parallel systems** between RHC LS and Central LMIS in a township
- Difficult to manage the stock status of commodities procured from **tender process**
- Challenging in integrating all RH commodities received from any sources into **one system**
- Involvement or Commitment from Station hospitals, Township hospitals and District hospitals (Importance of **Leadership and supervision** from TMOs)
- **Workload and manpower** of health staffs at regional and township levels
- **Irregular RH commodities refilling** to some townships due to inadequate stock level at Regional RPHD
- Provide **resupply** of LMIS paper forms and replacement of IT devices
- Budget limitation for **transportation cost** for reallocation of RH commodities during townships to townships and States and Regions

# Way forwards

- Necessary to conduct **regular QIT meetings** at small health facilities, townships and regional levels.
- **Regular supply** of RH commodities to Regional from Central in order to prevent Stock out
- Regular **monitoring and assessing** stock levels
- Emphasis on **reviewing and utilization of mSupply data** for stock management at township QIT meeting
- To aware the products which will be **expired within next 6 months**
- Encourage health staffs to keep emergency items at small health facilities according to **BEmOC guideline**
- **Capacity building** for new basic health staffs
- Reduction in external assistance to RHC LS and get **OWNERSHIP** at Township Level

# Thank you