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# FINDINGS AND RECOMMENDATIONS ON RHCLS WAYFORWARD

28 JANUARY 2020



# ADVANTAGE S

- 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

# ADVANTAGE S

- Reduction in stockout and overstock level and improvement in **stock adequacy level** at different levels of HFs.
- 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
- Continuous **Monitoring and Supervision**

# ADVANTAGE S

- 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
- Visibility of the stock status data through automated LMIS system (mSupply)
- Receive knowledge on inventory control system
- **Increase awareness of stock availability** in each township
- Order the health products as '**need base**', rather than '**break down**'.

# ADVANTAGE S

- **Reduce burden** for overstock and expired medicine
- Maintain optimal stock level in each facility

# CHALLENGES

- **Parallel systems** between RHC LS and Central LMIS in a township
- Some RH commodities supplied by tender cannot be integrated in the system
- 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)

# CHALLENGES

- **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
- 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

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# CHALLENGES

- Limited coordination with **Medical Care unit**
- **Misuse of losses and adjustment column** in Stock Lodger Book in some townships
- **Workload and manpower** of health staffs at regional and township levels

## WAY FORWARD/ RECOMMENDATIONS

- **Capacity building** for new basic health staffs
- On-job Training to new staffs
- Refresher training for S/R focal person who need to retrain.
- 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**

## WAY FORWARD/ RECOMMENDATIONS

- Encourage health staffs to keep emergency items at small health facilities according to **BEmOC guideline**
- In States, using A2H fund for QIT Meeting
- To strengthen the paper-based RHC LS in all townships
- To set up automated LMIS for RH/FP commodities in remaining townships
- To increase practice on reviewing of stock status regularly
- To conduct **regular M&E and joint M&E** to township

## WAY FORWARD/ RECOMMENDATIONS

- In future, **reduction** in external assistance to RHC LS and get **ownership** of the System in some region
- To follow the RHC LS procedures in resupply process (distribute the RH/FP products using PULL system)
- In current, recommend to get the **technical assistance** (e.g **Area Coordinator for some region, Sagaing**) continuously for RHC LS
- **Recommend one supply chain system using mSupply**

## WAY FORWARD/ RECOMMENDATIONS

- Advocacy meeting with medical care unit (SMOs).



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THANK YOU