

Myanmar Supply Chain Quality Improvement Teams Pilot Results



BACKGROUND

Over the past two years, the Ministry of Health (MOH) of Myanmar, with support from John Snow Inc. (JSI) and the United Nations Population Fund (UNFPA), has designed and implemented the reproductive health commodity logistics system (RHC-LS) in 12 townships in four states/regions in Myanmar.

The results of the pilot evaluation showed that even though logistics data from health facility reports is being collected in an automated electronic logistics management information system (eLMIS) called Logistimo, it was only used on a very limited basis to influence staffs' logistics decisions.

With support from the UN Commission on Life Saving Commodities and the Supply Chain Technical Reference Team, the MOH and JSI implemented quality improvement teams (QITs) to improve the use of data for supply chain decision making. This enhances the supply chain's performance and ability to deliver products to the client level.



DESIGN AND IMPLEMENTATION

The QITs bring staff from different levels together to work in teams to review supply chain data and solve challenges with the shared goal of improving product availability.

JSI developed standard operating procedures (SOPs) and tools to support data collection, problem identification, and track actions taken to address issues. In June 2015, QITs for the RHC-LS were launched in Myanmar, with an orientation for central, state/region, township, and rural health center (RHC) staff in two of the states/regions participating in the RHC-LS.

The QIT engages three levels of staff in team meetings, connected by one level – the township

	State/Regional Level Meeting	Township Meeting	RHC-level Meeting
Who?	Central, state/region, township staff	Township and RHC staff	RHC and sub-center staff
When?	Every 2 months	Monthly	Monthly

There is one overall team with one goal performance plan

At the beginning of the pilot, central, state/region, and township staff met to agree on a vision/goal for the QITs, performance indicators, overall targets, and parameters or options for recognition. Based on this agreement, they developed a performance plan, with goals and indicators, which are used to guide QIT activities.

Using data to influence decisions and system performance at all levels

At the monthly RHC meeting, RHCs meet with their sub-center staff to compile a tally sheet tool that helps to prioritize issues and challenges that need to be addressed at higher level, and recognize high performing individuals and facilities.

At the monthly township meeting, all RHCs bring their tally sheets, using them to prioritize one or two problems for discussion; staff then do root cause analysis and make an action plan to solve these problems (referencing data from the eLMIS). This process helps townships to achieve the performance targets outlined in their performance plan. High performing individuals and facilities are also recognized at these meetings.

Every two months, all 6 townships meet with staff from the state/regional and central levels. At these meetings, townships share challenges and successes in addressing performance issues over the period, review performance indicators against set targets (using eLMIS data), engage higher levels in addressing bottlenecks, and recognize excellent performance at the township, facility or individual levels.

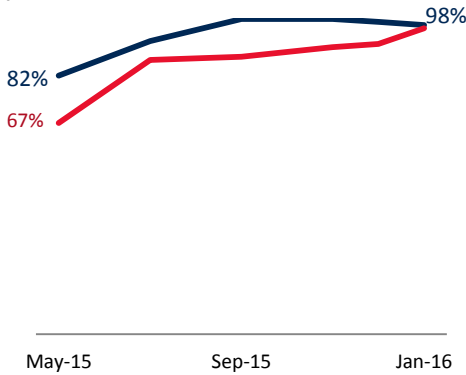
RESULTS

Data Demonstrates the Effectiveness of QITs

Using data from the Reproductive Health Logistics Management Information System (RH-LMIS), baseline measures for five of the indicators on the tally sheet were already available for the townships that would be included in the QIT pilot. These data allowed for pre- and post-QIT comparison of results. Monitoring state/region averages of the townships included in the QIT pilot over the seven months of implementation, **both states/regions showed performance improvements in three key indicators.**

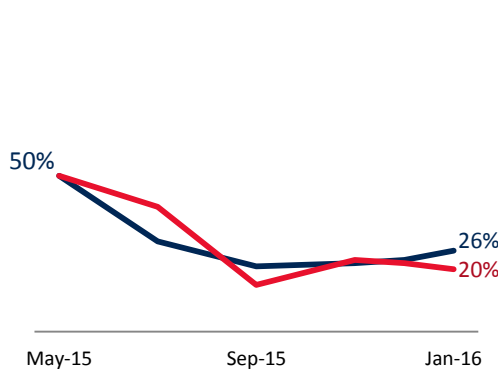
% of facilities reporting

The percent of facilities reporting increased following the start of the pilot.



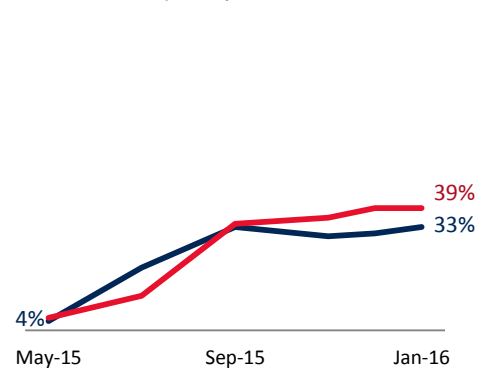
% of facilities with stockouts

Stockouts declined in the QIT regions.



% of facilities adequately stocked

QIT regions showed sharp increases in the proportion of facilities adequately stocked.

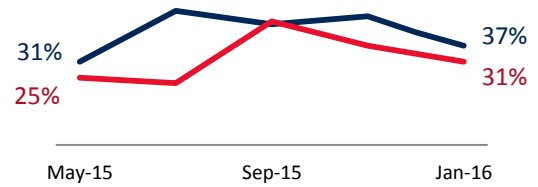


— Mandalay — Shan (South)

For the indicator percentage of facilities overstocked (see graph, right), there were limited improvements due to higher levels pushing stocks to facilities, not based on reported consumption and needed resupply quantities. This was a topic discussed frequently during QIT meetings and the recommendation to use the RH-LMIS data to guide resupply quantities has been shared at all levels.

% of facilities overstocked

Overstocks occurred primarily due to higher levels pushing commodities to the facilities, leaving limited control for the pilot facilities.



— Mandalay — Shan (South)

For one additional indicator—percent accuracy of calculated consumption—baseline measures were all above 90% and were maintained above 90% during the QIT implementation.

Observing Progress

The MOH, JSI, and UNFPA participated in QIT meetings and observed implementation of the QITs and team progress.

They also used results from QIT meetings to target follow up supervision visits. Reports indicated that QIT tools were routinely used, processes followed, and performance was monitored and discussed. General feedback was positive: QIT team leaders were proactive, used results, and all team members took their QIT activities seriously.

The photo at right is from a QIT meeting in Taunggyi Township in September 2015, where the team experienced a power outage in the middle of the meeting but continued to meet by candlelight until 6:30pm because the meeting was so valuable to them.



Balancing Stock Levels

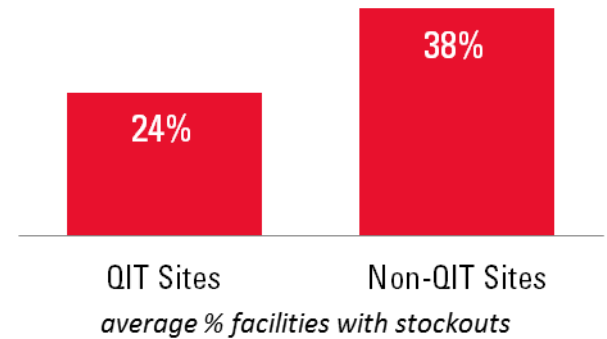
One of the major achievements of QITs has been addressing the challenge of stock imbalances among health facilities.

Addressing these imbalances has resulted in an increase in the practice of transferring RH commodities from health facilities with overstocks for particular RH items to facilities that are under-stocked using data from the RH-LMIS. This practice is particularly useful because the MOH often distributes health products using a push system of pre-set quantities, rather than based on actual facility stock levels and estimated need.

As a result, health workers in six townships now regularly facilitate the transfer of RH products between facilities; whereas previously a rare practice, in the QIT pilot period **there were over 800 transfers or return of products in the 6 townships where QITs were introduced, compared with just 70 in the 6 townships using RHC-LS but where QITs were not introduced.**

Comparing these same two groups of townships, stockouts were consistently lower in the group with QITs, averaging 24% of facilities with a stockout of any product over the 7 month period compared to 38% in the group without QITs.

Stockouts were consistently lower at QIT sites than non-QIT sites over a seven month period.



“Actually, we need QIT approach to sustain for long term as QIT meetings engage BHS [basic health staff] from ground level with township people and get a chance to share RH product stock status among health staff at township QIT meeting. It usually takes 45-60 minutes but it [benefits us] to manage overstock and out of stock issues..”

Township Medical Officer from Hpekhon Township, Southern Shan State, Jan 2016

Examples of actions taken at QIT meetings:

- Using data on stock levels to facilitate transfers between facilities to avoid or reduce stockouts and overstocks
- Discussing data to determine root causes of widespread overstocks (“pushing” stocks from higher levels rather than using the RH-LMIS)
- Recognition of best performing facilities at meetings (verbal recognition, certificates for high performing health facilities, t-shirts, etc.)
- Using performance data to identify townships and facilities to visit for supervision and support using RH-LMIS to reinforce reporting and improve data accuracy
- State/Regional level QIT meetings helped elevate supply issues to higher levels when facilities or townships were not able to solve them on their own

Looking forward

Based on initial success of the QIT pilot supported by the UN Commission on Lifesaving Commodities, the MOH, JSI, and UNFPA are exploring ways to continue to support QITs in the current townships and expand implementation to additional townships in Myanmar.

For more information about the Myanmar QIT Pilot Project, please contact JSI’s Center for Health Logistics at supplychain@jsi.com.

