A Report on the

Virtual Review Meeting on Supply Chain Management

Quarterly Review 2082/03/01



Lumbini Provincial Government

Ministry of Health

Province Health Logistic Management Center

Rupandehi, Nepal

2082

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Introduction

The Provincial Health Logistic Management Center (PHLMC) was established under the Ministry of Social Development of the Lumbini Provincial Government on the 13th of Chaitra, 2075 (FY 075/076). This center is responsible for the procurement, storage, and distribution of health supplies, vaccines, medical equipment, diagnostic kits, Ayurvedic medicines to hospitals/ healthcare facilities at the local level and repair of biomedical equipment's at hospitals/ healthcare facilities under the provincial government. The center establishes a network of medical stores at the federal, provincial, and district levels, as well as at the local level, and promotes evidence-based decision-making through the analysis of supply chain data and inventory management systems.

Objectives of Provincial Health Logistic Management Center (PHLMC)

- To ensure the supply of medicines, medical tools/equipments, and other materials to various healthcare institutions in the province.
- ✤ To forecast, procure, store, and distribute medicines and healthcare equipment.
- To store vaccines and vaccine related supplies at specified temperatures under specific guidelines to preserve their quality.
- ✤ To ensure a continuous supply during emergency and challenging situations.
- ✤ To implement e-LMIS in all health facilities of province and strengthen the supply system.
- ◆ To perform maintenance and repair of biomedical equipment's.

The virtual meeting on supply chain management was conducted on 1st Ashad 2082 which was hosted by Province health logistic management center to strengthen logistic supply chain mechanism in Lumbini province. The participants were invited from 12 health offices, 109 municipalities and supply chain management working group (SCMWG). The meeting was chaired by Dr. Rajendra Kumar Giri, director of PHLMC. The opening speech and objective of the session was shared by Dr. Rajendra Kumar Giri. The presentation on status of supply chain management session was conducted by Mr. Amar Regmi and the session was followed by discussion and queries. Discussion was related to Elmis operation, essential medicines demand, stock out at HF,

Usable stock status; key challenges and way forward was openly discussed. The SCMWG team member from UNICEF also provided the valuable insights, a recommendations on the current scenario and improvement aspect. The closing remark was given by Mr. Man Bahadur Oli, Health Directorate, also a member of SCMWG guided the municipalities regarding data quality and logistic management.

Objectives of Virtual Review Meeting

- ✤ To discuss the current status of supply chain management.
- ✤ To discuss issues and challenges faced by health offices and local levels.



https://elmis.dohslmd.gov.np/

Discussions

The total number of e-LMIS operation sites in lumbini province was 1171, among them 1088 were in operation and 83 sites were non operational in Jestha. According to the operational categories if the e-LMIS site is inactive for more than 30 days it is categorized to Non-operation status. The operation status was discussed district wise and reason behind it was explored with health offices. The major reason was not using e-LMIS at SDP level, or using it after 1-2 months period. The non-operation sites with SDP list was also displayed to help them identify which HF was inactive.





Total eLMIS sites Operational Non-Operational

District wise reporting status as of Baisakh 2082 was discussed briefly. More than 95% of SDPs of lumbini province reported data in e-LMIS. Mong them seven district reported data timely.



Stockout status of key commodities at SDP level were discussed. The programmatic medicines of TB, Nutrition, Family Planning & Leprosy were mainly focused. These key commodities were stocked out in most of the district in Baisakh which directly impact on health service delivery. The large number of SDP with stock out is highlighted below.

Key Commodities	ARGHA- KHANCHI	BANKE	BARDIYA	DANG	GULMI	KAPILBASTU	NAWAL- PARASI WEST		PYUTHAN	R() PA	RUKUM EAST	RUPANDEHI	Grand Total
(HR) Isoniazid 75 mg +													
Rifampicin 150 mg Tablet	22	23	46	70	42	11	39	45	21	43	13	27	402
(HRE) Isoniazid 75 mg + Rifampicin 150 mg +													
Ethambutol 275 mg Tablet	34	58	59	99	80	39	61	87	55	60	15	84	731
Albendazole 400 mg													
chewable Tablet	8	15	9	28	13	12	17	13	17	5	4	19	160
Bal Vita (MNP) Sachet	5	22	14	34	9	15	8	20	15	20	3	34	199
Condom	5	8	15	9	13	6	5	7	6	1	1	14	90
Depo (DMPA-Injectable)													
with Syringe	10	19	19	62	61	13	51	58	26	31	4	43	397
Implant (5 years													
Effectiveness) Set	9	13	12	22	46	10	8	66	16	8	9	30	249
IUD CuT 380 A Set #	16	10	17	24	68	7	6	75	5	16	13	25	282
M B Combi Adult Strip	45	50	58	106	93	27	53	96	61	76	16	74	755
Pills Cycle	5	7	13	17	13	9	16	12	9	1	2	14	118
RUTF (Ezee Paste Nut)													
Packet	43	59	48	89	85	29	39	97	44	72	20	84	709
Total Reported Sites	63	83	80	121	117	102	76	122	82	92	31	142	1114

The Usable stock at health offices of Jestha were also discussed. Most health offices do not have key commodities physically but are observed in e-LMIS. The use of e-LMIS is not fully operational and due to limited use, the real time data could not be attained. The huge stock of these key commodities are avaible in health offices in e-LMIS. These huge quantities are highlighted below. Feedback was given to use e-LMIS during requisition, issuing or receiving commodities so we can get real time data and use for decision making.

Key Commodities	ARGHAK HANCHI		BARDIYA	DANG	GULMI	KAPILBASTU	NAWALPARASI WEST	PALPA	PYUTHAN	ROLPA	RUKUM EAST	RUPANDEHI	Grand Total
(HR) Isoniazid 75 mg + Rifampicin 150 mg Tablet #	43008	34944	58688	23170	8004	26880	28533	11924	7848	17464	21716	23520	305699
(HRE) Isoniazid 75 mg + Rifampicin 150 mg + Ethambutol 275 mg Tablet #	1204	9240	10629	5644	3386	15397	3456	392	2212	1848	2664	1316	57388
Albendazole 400 mg chewable Tablet #	8200	161000	95800	48180	15900	8600	3200	15000	7147	11000	300	74900	449227
Bal Vita (MNP) Sachet #	46800	24000	318000	370560	63020	324700	264020	15600	22630	249600	15600	2400	1716930
Condom #	17064	55506	150449	270452	18240	2016	9376	29358	39456	41636	46404	57888	737845
Depo (DMPA-Injectable) with Syringe #	2200	2500	1980	1545	2250	1700	2850	2000	2100	10800	2500	800	33225
Implant (5 years Effectiveness) Set #	155	180	390	310	140	370	130	120	106	135	175	0	2211
IUD CuT 380 A Set #	30	0	175	342	36	30	44	45	157	20	13	130	1022
M B Combi Adult Strip #	2	469	113	40	37	207	64	22	44	15	16	94	1123
Pills Cycle #	550	12096	8622	16462	2644	10080	13482	3512	2768	2707	3680	3024	79627
RUTF (Ezee Paste Nut) Packet #	3400	4050	17850	20665	5230	8400	0	450	3920	7950	2650	3000	77565

Challenges

- ✤ Use of e-LMIS at SDPs Level.
- ✤ Issue on program related key commodities (TB, Leprosy, test kits, FP, Iron).
- Storage practice of commodities not as protocol in some health offices and health facilities which was found during monitoring visit.
- Stock out practice at HFs level.

Recommendations

- ♦ Onsite coaching from PHLMC team and partners to HFs.
- Frequent monitoring visits at SDP levels and feedback.
- Evidence based Demand of commodities after reviewing own stock or morbidity at DHIS/e-LMIS
- * Request commodities from Health offices, HO approve or request PHLMC on such basis.
- ✤ Good storage and distribution practices.
- Supply practice of logistics to other HFs/Municipalities/HO
- ✤ Maintain Stock level at HFs.
- Quarterly submission of Drug order form and requirements from HO for central commodities
- ◆ Practice of submitting Received report to PHLMC after registration.

Participants Queries

- The availability of iron and folic acid and PHLMC role was raised by one of the municipality. The query was addressed by Mr. Man bahadur oli from health directorate. He addressed that the ministry of health has planned to allocate fund to procure the iron and folic acid through PHLMC. The new budget of FY 2082/83 will incorporate these issues.
- The shortage of Vitamin A in lumbini provice was raised. Vitamin A is procured by central government and limited quantity based on target population of children was received for vitamin A supplementation program. The regular need for distribution of Vitamin A for post-partum women and children is not met due to irregular supply from central store.

Annex

1. Invitation Letter

लुम्बिनी प्रदेश सरकार स्वार्थ्य में ज्यालय क्रैंयवस्थापन केन्द्र प्रदेश स्वास्थ्य ब्टब्स, रुपनदेही 80505X-PUO प.सं.: २०८१/०८२ च.नं : १९४% मिति २०५२/०२/२५ श्री स्वास्थ्य कार्यालय सबै, लुम्बिनी प्रदेश। विषय: Virtual Meeting सम्बन्धमा। उपरोक्त सम्बन्धमा मिति २०८२/०३/०१ गते आइतवार विहान १९:०० बजे देखि १२:३० सम्म आपूर्ति श्रृङ्खला व्यवस्थापन सम्बन्धमा Virtual Meeting आयोजना गरिएको हुँदा उक्त मिटिङ्गमा अनिवार्य उपस्थितिको लागि अनुरोध छ। साथै तहाँ जिल्ला स्थित स्थानीय तहका फोकल पर्सनलाई उक्त मिटिङ्गमा सहभागिताको लागि आवश्यक समन्वय गरिदिनुहुन अनुरोध छ। (me डा. राजेन्द्र कुमार गिरी निमित्त निर्देशक निमित्त निर्देशक www.phlmc.lumbini.gov.np



2. Ongoing Meeting

