# SIAPS Bangladesh
## *Quarterly Newsletter* MAY 2014

## ORIENTATION FOR NATIONAL AND INTERNATIONAL BIDDERS DOING BUSINESS WITH THE DGFP



The Bangladesh office of the SIAPS program facilitated the orientation for national and international bidders on October 7, 2013, at the Directorate General of Family Planning (DGFP). Mr. Md. Kafil Uddin, Director, Logistics and Supply (L&S) Unit, welcomed the participants. Mr. A.K.M. Amir Hossain, Director General of the DGFP, inaugurated the event by explaining that the objective was to orient bidders on updated bidding procedures, qualifications, maintenance of the delivery schedule, and other relevant matters.

An advertisement about the orientation was published in three well-circulated newspapers (*Bangladesh Protidin*, *Doinik Janakantha*, and *The Daily Star*), inviting companies currently doing business with the DGFP, as well as potential new bidders, to register; 123 people participated in this one-day event.

Key issues addressed in the presentations included:

- Common problems faced by the DGFP with bids submitted
- Structure of the bid document; importance of the bid format
- Bidder information form
- Price schedule forms
- Securities
- Qualification requirements (technical and financial)
- Other required documentation
- Technical requirements for goods and services

![USAID - FROM THE AMERICAN PEOPLE]

![SIAPS - Systems for Improved Access to Pharmaceuticals and Services]

- Do's and don'ts during the evaluation of bids
- Practices that can lead to debarment
- Framework agreement
- Complaints and rights of appeal

In the open discussion session, participants raised a number of questions to clarify the bidding process. Bidders offered some recommendations to strengthen the procurement procedure in the future:

- For registration of commodities with the Directorate General of Drug Administration (DGDA), bidders requested DGFP to help bidders' expedite registration, if necessary.

- Participants asked if unsuccessful bidders could be automatically notified about the winning bids, once the contracts with successful bidders were signed.

## ORIENTATION FOR NATIONAL AND INTERNATIONAL SUPPLIERS DOING BUSINESS WITH THE DGHS

The annual orientation for suppliers of the Central Medical Store (CMSD) of the Directorate General of Health Services (DGHS) was organized by SIAPS on November 12, 2013. The program was chaired by Brigadier General Syed Iftekhar Uddin, Director, CMSD. Suppliers of medical and non-medical commodities and CMSD procurement officials attended. The DG delivered the opening remarks and presentations were delivered by Dr. Akteruzzaman, Assistant Director (Procurement), CMSD. The World Bank provided a brief presentation on complaints and appeals. The objective was to orient national and international bidders on updated information regarding bidding procedures, qualifications, maintenance of the delivery schedule, and other relevant matters.

General Uddin raised the issue concerning performance guarantees (PG). Presently, a PG is submitted by the local agent of foreign bidders in local currency. In the case of international competitive bidding, as foreign bidders are offering their bids in foreign currency, the PG should also be paid to the entity in the same currency, the director emphasized. As there are multiple foreign manufacturers for multiple items under a lot, it is not possible to issue PGs from multiple manufacturers as the value of PGs would be quite small and the foreign bidders/manufacturers would not be interested in issuing a PG. Therefore, the existing system will continue.

The CMSD informed participants that, for FY 2013–14, some new forms (e.g., bilateral and agency agreements) have been added to the documents that must be submitted. CMSD officials asked bidders to send appropriate representation to the pre-bid conferences. The representative should have adequate knowledge about the product that the CMSD is procuring.

Bidders were also requested to use the correct price schedule and to submit separate price schedules for each lot. It is mandatory for all pharmaceutical products to be registered with the DGDA. Local manufacturers must quote prices in local currency. Questions and recommendations received from participating bidders included:

- One bidder asked whether there was a quicker way to release 30% payment after the installation and commissioning of electro-medical equipment since the installation and commissioning procedure takes time. The CMSD director responded that payment can be released if installation is done within the timeframe stipulated in the bidding document. The CMSD will also consider fortnightly reporting by suppliers to the director on the status of installation and commissioning of equipment as a basis for release of payments.

- Participants asked if it would be possible for the CMSD to notify unsuccessful bidders once contracts with winning bidders were signed and to inform unsuccessful bidders as to why there were not selected. The SIAPS representative, Dr. Zahid, advised that there is a procedure that the CMSD does not currently implement, namely, that copies of all notices of award are sent to all bidders, not just to the successful bidder. It was decided that in the future, this procedure would be followed.

## QUARTERLY LCF AFFIRMED SUFFICIENT SUPPLY OF REPRODUCTIVE HEALTH COMMODITIES

The 12th Logistics Coordination Forum (LCF) was held on December 12, 2013. The LCF Chair was Mr. A.K.M. Amir Hossain, who is also Director General of the DGFP. Mr. Md. Kafil Uddin, Director (Logistics and Supply) and Member-Secretary of the LCF, facilitated the meeting. The objectives of the meeting were to:

- Review, revise, and update the need for contraceptives and medical surgical requisitions

- Disseminate information on consumption trends, stock, pipeline position, and procurement status

- Offer suggestions for capacity building and system improvements for the DGFP in procurement, storage, and supply chain management

The meeting affirmed that there is a sufficient quantity of contraceptives in the country to meet the needs of users for the next two years and that procurement plans and processes are functioning well. Specific discussions and decisions made at the meeting included the following.

All procurement plans for 2013–2014 have already been entered into the Ministry of Health and Family Welfare's (MOHFW) Supply Chain Management Portal (SCMP) and were subsequently approved by MOHFW and the World Bank.

All items procured by the Social Marketing Company (SMC) have been registered with the DGDA. Meanwhile, to support the delivery of long-acting and permanent methods of contraception, SMC started marketing the IUD, implants, and emergency contraceptive pills through 50 private sector medical providers. Per SMC's December 2013 stock analysis report, SMC currently has sufficient stock of all contraceptives, as follows: 17 market-months of condoms (all brands); 10 market-months of oral pills (all brands); 16 market-months of injectables (Depo Provera); 67 market-months of implants; and 115 market-months of IUDs.

### RAPID ASSESSMENTS HELP DETERMINE THE FEASIBILITY OF PILOTING AN AUTOMATED IMS

Rapid assessments of the feasibility of introducing an automated inventory management system (IMS) in selected district reserve stores (DRSs) and upazila stores were conducted in Narayangonj and Tangail civil surgeon (CS) offices of the DGHS.

The main purpose of introducing the IMS is to ensure:

- Coordination among the logistics system hierarchy of personnel

- Correct quantification of inventory

- Correct calculation of requirements based on distribution and consumption

Key findings:

- Available computer hardware is used by the CS offices for correspondence and accounting functions. There is no computer hardware at the DRSs; there is an online information tool, called the District Health Information System (DHIS 2), for storing and updating data. The tools are mostly related to demography, diseases, patients, and other profile characteristics for the districts and upazilas.

- Receipt of commodities as per the allocation of the line directors (LDs) and other government sources and a local vendor is tracked through the use of issue/receipt vouchers (challans) in both a computerized and a manual system.

- Issuing commodities to service delivery points is tracked through manual receipt vouchers/challans

- The format and use of inventory control registers is not uniform

- There is no logistics reporting system for stock and consumption data

- Only the statistician has IT knowledge, as he/she manages the DHIS tools. Very few staff at the DRSs has knowledge of computers.

Several recommendations are offered regarding the feasibility of introducing IMS tools to automate logistics:

- A single vertical information flow should be established before introducing any IMS tools.

- A single offline and desk-top-based IMS tool can be introduced to the DRSs; it should be designed to link with the existing SCMP in the future.

- The proposed IMS tools should be synchronized with the existing SCMP product catalog; at the same time, the CMSD product catalog should be synchronized with the SCMP catalog.

- The proposed automated system should have two components:

  – A web-based central heath commodity reporting system (copy of the Supply Chain Information Portal; can be hosted under SCMP) for selected commodities for all facilities

  – A Warehouse Inventory Management System (WIMS), customized from the DGFP WIMS V2, which can be implemented at the DRSs

These two components can be implemented in phases, starting with the web-based system for a pilot area. All facilities (DRSs and upazila health complexes [UHCs]) will complete the report online to generate dashboards, charts, and reports for monitoring purposes. The WIMS for DRSs and UHCs can be implemented in selected facilities at the beginning; the pilot facilities will have the option of uploading the monthly logistics report to the website.

## NEW LAN INCREASES ACCESS TO STOCK STATUS INFORMATION

The issue and receiving functions of the CMSD have been automated using software installed on a dedicated server (desk-top computer). A third party IT service provider is responsible for full-time support of the inventory management software and for providing other IT-related services, such as basic computer troubleshooting, anti-virus updates, and printer installations. The software is running smoothly and users are happy with it. Necessary modifications and customization are on-going, per requirements of the users and administrators.

The automated IMS tool is currently being used by the Store Control Branch (SCB) of the CMSD only. However, there are storekeepers stationed in various separate store rooms throughout the CMSD facility who are part of the inventory management system. They are using manual stock registers for inventory control and cannot get instantaneous updates on stock data because they do not have computers at their work stations. SIAPS identified the need for hardware (computer) support for all CMSD storekeepers. By installing computers and a local area network (LAN), the functionality of the automated IMS will be expanded throughout the CMSD.

In response to a formal request from the CMSD, SIAPS/

Bangladesh provided nine computers and LAN support. This technology strengthens the IMS by:

- Allowing storekeepers to instantly view stock updates

- Providing instantaneous access to information on any changes, corrections, and adjustments to vouchers so that necessary steps may be taken by storekeepers

- Improving evidence-based decision making regarding inventory management in the CMSD

- Minimizing the total time required for receiving and issuing commodities

Use of the automated IMS throughout the CMSD is expected to:

- Improve accessibility and visibility of inventory data for storekeepers

- Improve inventory data verification for storekeepers

- Reduce time for the delivery of goods and supplies

- Improve accuracy of the inventory control register

## QUARTERLY SUPPLY CHAIN COORDINATION FORUM MEETING HELD

The second quarterly Supply Chain Coordination Forum (SCCF) was held in Mohakhali, DGHS, on November 13, 2013. Brigadier General Syed Iftekhar Uddin, Director, CMSD, facilitated the meeting as member secretary of the SCCF. Meeting participants included LDs and representatives from the Procurement and Logistics Management Cell (PLMC) and donor partners (Japan International Cooperation Agency [JICA], Department for International Development, World Bank, USAID, etc.).

Prof. Dr. Khondhaker Md. Shefyetullah, Director General of the DGHS, chaired the meeting and Mr. A. K. Azad was present as a special guest. The DG expressed his appreciation for the establishment of the SCCF. He also gave special thanks to the CMSD director for his continuous supervision and resolution of procurement-related issues with LDs, the World Bank, and other donor agencies. Dr. Akhter Uzzaman, Assistant Director (Procurement), gave a presentation updating attendees on priority procurement and logistics issues of the CMSD

and DGHS. Key discussion points and decisions were as follows:

- Some LDs did not keep carried over packages for FY 2013–14, although the CMSD has observed that there are already carried over packages (CMSD will confirm with LDs on this issue). Also, LDs sometimes cancel their requisitions after the notification has been issued or a contract has been signed. LDs were discouraged from doing this by the World Bank and the CMSD.

- Concerned committee members should finalize the market price of the items in the package. The capability of SCCF members may be improved through workshops facilitated by SIAPS, and an international consultant may be engaged to draft a price guide.

- A working group will be formed by the PLMC to update the product catalog of the MOHFW's SCMP.

- The CMSD director raised the issue of informing the CMSD when LDs make changes to their procurement plans. In response, members were informed that an update is made in the SCMP and that the LD concerned is notified.

- CMSD could not proceed with the JICA FY 2013–14 packages this year because the value added tax issue has not been resolved between MOHFW and JICA.

- It was noted that it would be better if the majority of the Annual Development Programme allocation could be kept in the third and fourth quarters because payments for procurements are made at this time.

- The program manager of the PLMC informed participants that any technical support for the development of procurement and logistics capacity would be provided by the PLMC but that implementation of the operational plan is supported by the Program Management and Monitoring Unit.

## SIAPS Sponsors Attendance at International Conferences and Trainings

During this period, several health leaders from Bangladesh attended international conferences and meetings to showcase results in pharmaceutical system strengthening. On their return to Bangladesh, conference participants shared lessons learned from other settings with their colleagues. One or two SIAPS staff also generally attended these conferences. For example:

## Emergency Procurement of Pediatric TB Medicines

The second National TB Control Program (NTP) procurement and supply management meeting was held on December 5, 2013. Dr. Md. Abdul Hamid, Deputy Program Manager (DPM), Procurement & Logistics, TB-Leprosy Control, DGHS, chaired the meeting. Participants included NTP officials and staff from NTP partners (WHO, BRAC, Damien Foundation, TB Care II Project, and University Research Co., LLC).

The meeting focused on the pipeline for pediatric TB medicines, especially 3FDC. A sufficient pipeline of 3FDC will be available in January 2014 and should meet demand through August 2014. To address ongoing need, a procurement procedure should be initiated as soon as possible. In the meantime, an office circular needs to be disseminated regarding the use of 2FDC (60/60) and PZA 400 mg instead of 3FDC for pediatric TB patients.

A decision was taken for an emergency procurement of 3FDC (R60+H30+Z150) and isoniazid 100 mg. Also, all implementing nongovernmental organization partners were requested to urgently provide reports on the number of children eligible for isoniazid preventive therapy.

All DOTS centers should use the latest TB 8 indent forms for requesting additional supplies.

The anticipated timeline for providing storage equipment to the five multidrug-resistant TB (MDR-TB) facilities is February 2014.

NTP senior management was requested to urgently print all TB forms for the efficient recording and reporting of TB patient-related data. WHO may provide this support upon request.

International Conference on Family Planning, Addis Ababa, Ethiopia, November 12–15, 2013; Md. Ayubur Rahman Khan, Additional Secretary, Development & Medical Education, represented MOHFW.

SIAPS sponsored Mr. Syed Iftekhar Uddin, Line Director, CMSD, to represent MOHFW and to present at the 6th Global Health Supply Chain Summit, Addis Ababa, Ethiopia, November 18–20, 2013.

The International Union against Tuberculosis and Lung Disease, Paris, France, October 30–November 3, 2013; SIAPS sponsored two Government of Bangladesh officials, Dr. Abdul Hamid, DPM, Procurement & Logistics, and Dr. Kausari Jahan, Medical Officer, MDR-TB, NTP, DGHS.

Dr. Asheq Ahmmed Shahid Reza, DPM, Procurement & Supply Chain Management, Maternal, Neonatal, Child and Adolescent Health Program, was sponsored to participate in the international course "Forecasting and Quantification of Essential Health Commodities" offered by i+ solutions, The Netherlands, October 12–20, 2013.

## DGDA Awarded Associate Membership in WHO-UMC

In light of the recent achievements of the Adverse Drug Reaction Monitoring Cell, including it being declared the National Drug Monitoring Centre by the MoHFW, the DGDA was awarded an associate membership from the WHO-Uppsala Monitoring Centre (UMC). SIAPS will continue to assist the DGDA in becoming a full member and attain the full benefits of the UMC.

As of January 2014, the Government of Bangladesh has paid the fee that allows the DGDA access to Vigi-Base, the WHO global individual case safety reports (ICSRs) database, which uses a web-based tool called VigiFlow. VigiBase contains more than 8 million case reports of suspected adverse drug reactions submitted by an increasing number of members. (The second step to attaining full membership in the UMC is regular submission of ICSRs.)

Full membership in the UMC brings the following benefits:

- International recognition of Bangladesh as a National Pharmacovigilance Center

- Access to VigiBase

- Early information about potential safety data

- Access to PV terminologies and software

- Access to training materials, guidelines, and resources

- Access to an international network

The adverse drug event reporting form for Bangladesh has been mapped into the corresponding fields in VigiFlow so that these reports can now be entered into the database.

## User Testing of its Website Yields Feedback for DGDA Officials

A half-day program was conducted on December 3, 2013, to assess users' acceptance of the DGDA website. The program was chaired by Maj. Gen. Jahangir Hossain Mollik, DG, DGDA, and facilitated by SIAPS technical staff. The objectives were to:

- Provide on-the-job training for DGDA officials, who will be the main users of the website

- Train users on new forms and how to input data and information

- Ensure that proper reports are generated by including real-time data in the forms

- Ensure acceptance of the site by DGDA officials

- Ensure that the website satisfies the business needs and functionality requirements of the DGDA, and that officials have confidence using it

- Identify any defects and bugs, communicate all known issues to the SIAPS team, and ensure that all issues are addressed in an appropriate manner

- Provide in-depth knowledge on the quality of the site, its use, and its benefits

The program started with brief welcome remarks from Maj. Gen. Jahangir Hossain Mollik, followed by remarks by Dr. Zubayer Hussain, Country Project Director, SIAPS. A brief presentation on the design of the website and how it was produced was shared with DGDA staff. A demonstration was followed by hands-on exercises and participants provided their feedback on a questionnaire. The participants provided concrete feedback and suggestions; for example:

- A requirement for an "entry form" so that DGDA will be able to add new offices as they are introduced. In addition, the home page map should be linked to the address database, so that any new office will automatically show up on the map.

- The site should perhaps contain a discussion board or maybe a blog. This matter requires further discussion. Remaining questions to be addressed include, Should this feature be interactive? Use a question/answer mode? Do users need to register before posting questions? Will questions be open for public viewing? Will anyone be able to answer questions, or only designated personnel? Will the site allow for one-on-one communication? Will information be requested through this channel?

- A three-member team has been formed and will be oriented on the site's Content Management System.

## WE WOULD BE HAPPY TO HEAR FROM YOU

Please send comments to Md. Fazle Karim at fkarim@msh.org.