

Subnational Procurement of Maternal Health Medicines: Disseminating Results and Defining Next Steps: Workshop Report, Dhaka, Bangladesh

March 2014



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Systems for Improved Access
to Pharmaceuticals and Services

Subnational Procurement of Maternal Health Medicines: Disseminating Results and Defining Next Steps: Workshop Report, Dhaka, Bangladesh

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The SIAPS logo consists of the word "SIAPS" in a bold, green, sans-serif font. To the right of the text is a stylized blue icon of a person with arms raised in a 'V' shape, suggesting movement or achievement.

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About SIAPS

The goal of the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Toward this end, the SIAPS result areas include improving governance, building capacity for pharmaceutical management and services, addressing information needed for decision-making in the pharmaceutical sector, strengthening financing strategies and mechanisms to improve access to medicines, and increasing quality pharmaceutical services.

Recommended Citation

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Patel, S, Rahman, J, Sheikh, A, Thumm, M, Uddin, A, Yeager, B. 2014. *Subnational Procurement of Maternal Health Medicines: Disseminating Results and Defining Next Steps: Workshop Report, Dhaka, Bangladesh*. Submitted to the US Agency for International Development by the Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program. Arlington, VA: Management Sciences for Health.

Key Words

maternal health, subnational procurement, maternal health, oxytocin, misoprostol, magnesium sulfate, Bangladesh

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ABBREVIATIONS AND ACRONYMS

BMMS	Bangladesh Maternal Mortality Survey
CSO	civil surgeon office
DGDA	Directorate General of Drug Administration
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DHS	Demographic and Health Survey
MCH	maternal and child health
MDG	Millennium Development Goal
MIS	Management Information System
MMR	maternal mortality rate
MNCH	maternal, newborn, and child health
MoHFW	Ministry of Health and Family Welfare
MCWC	Mother and Child Welfare Center
OPHNE	Office of Population, Health, Nutrition, and Education
PE/E	preeclampsia and eclampsia
PLMC	Procurement Logistics Management Cell
POM	<i>Procurement Operations Manual</i>
PPH	postpartum hemorrhage
SCMP	Supply Chain Management Portal
SIAPS	Systems for Improved Access to Pharmaceuticals and Services Program
USAID	US Agency for International Development

INTRODUCTION

Globally, only nine countries are on track for meeting the Millennium Development Goal 5 (MDG-5) of reducing the maternal mortality ratio (MMR) by three-quarters. Bangladesh is one of those countries: from 2000 to 2010, the MMR in Bangladesh decreased from 400 to 194 deaths per 100,000 live births.¹ The drop in MMR is attributed mostly to the drop in fertility and the increased use of facilities for deliveries and maternal complications.² When the MMR between divisions is compared, geographic disparities are evident. For example, the *Bangladesh Maternal Mortality and Health Care Survey 2010* (BMMS) found that whereas the MMR in Khulna division is 74 per 100,000 live births, in Dhaka and Chittagong it is 196 and 186, respectively. Sylhet division has the highest MMR at 425 per 100,000 live births.³

In Bangladesh, postpartum hemorrhage (PPH) and preeclampsia and eclampsia (PE/E) account for 31% and 20% of maternal deaths, respectively.⁴ Ensuring availability of the medicines—namely, magnesium sulfate, oxytocin, and misoprostol—required to prevent and treat those conditions is essential if MMR is to meet MDG-5.

Until recently, efforts to strengthen pharmaceutical systems and other initiatives that increase access to medicines have focused on the central level. However, evidence has increasingly shown that maternal health commodities are being procured and distributed not only at the central level but also at the subnational level. Not much is known about how such medicines are being procured. Are subnational procurement procedures in line with the national policy? How are medicine needs estimated at the subnational level? What types of quality assurance mechanisms are in place to ensure that quality medicines are procured and supplied? What are the cost implications of subnational procurement? As global and national partners work toward assessing the unmet need for those commodities and improving access to them, a major concern is the practice of subnational procurement of medicines and supplies.

The Systems for Improved Access to Pharmaceuticals and Services (SIAPS) program has been working at both the global and the country levels to improve pharmaceutical management systems to increase access to quality medicines. One approach has been to develop tools and guidelines for improving pharmaceutical management of maternal and child (MCH) commodities. At the country level, SIAPS developed the *Directorate General of Family Planning (DGFP) Procurement Procedures Manual*⁵ and is now developing (a) a procurement procedures manual for the Ministry of Health and Family Welfare (MoHFW), (b) central-level quantification guidelines for maternal health commodities, and (c) stock reporting tools for

¹ Countdown to 2015: Maternal, Newborn and Child Survival, *Building a Future for Women and Children* (Geneva: World Health Organization, 2012). See also National Institute of Population Research and Training (NIPORT), MEASURE Evaluation, and icddr,b, *Bangladesh Maternal Mortality and Health Care Survey 2010* (Dhaka, Bangladesh: NIPORT, MEASURE Evaluation, and icddr,b, 2012).

² NIPORT, MEASURE Evaluation, and icddr,b, *Bangladesh Maternal Mortality and Health Care Survey 2010*.

³ Ibid.

⁴ Ibid.

⁵ Directorate General of Family Planning, Ministry of Health and Family Welfare, *DGFP Procurement Procedures Manual*, submitted to the US Agency for International Development by SIAPS (Arlington, VA: Management Sciences for Health, Arlington, VA, 2012).

district-level facilities of the Directorate General of Health Services (DGHS) to report about MCH medicines.

Stemming from those activities, SIAPS developed a methodology and a set of tools to facilitate investigating both the sources of essential maternal health commodities at the subnational level and the procurement practices used at that level. SIAPS specifically focused on oxytocin, misoprostol, and magnesium sulfate. The assessment's purpose was to understand how local procurement practices affect access to maternal health medicines. Specifically, the assessment focused on measuring availability of maternal health medicines and determining their sources, evaluating local procurement practices, and identifying options for strengthening local procurement practices and overall procurement strategies.

SIAPS facilitated a stakeholder workshop on March 4, 2014, to present the results of the subnational procurement assessment, to identify actions and priority areas, and to develop an implementation plan that would address key challenges regarding subnational procurement of maternal health medicines.

Workshop Objectives

The objectives of the workshop were as follows—

- To disseminate the results of the subnational procurement assessment
- To identify areas for improvement and activities that each stakeholder can do to improve local procurement practices

SUMMARY OF WORKSHOP PROCEEDINGS

The one-day stakeholder workshop was held on March 4, 2014, at the Management Information System (MIS), Conference Room at the DGHS in Mohakhali, Dhaka. Annex A provides the workshop agenda.

A total of 40 participants represented DGHS, DGFP, MoHFW, civil surgeon offices (CSOs), mother and child welfare centers (MCWCs), international agencies, SIAPS, and other implementing partners. Annex B lists all participants.

Opening Remarks

The workshop began with welcoming remarks from SIAPS senior staff and MoHFW officials. Dr. Abu Zahid, the SIAPS Procurement Team Leader, discussed the procurement support that SIAPS is providing to MoHFW, DGHS, and DGFP, as well as the importance of understanding how local procurement practices are affecting availability of maternal health medicines at the district level. He then called on representatives from MoHFW, DGHS, DGFP, and USAID to formally open the workshop.

The opening of the workshop included remarks from—

- Dr. Md. Ismail Faruk, Assistant Director (AD) and Deputy Program Manager (DPM), Maternal and Neonatal Health, DGHS
- Dr. Tapash Ranjan Das, Deputy Director, Maternal and Child Health (MCH), DGFP
- Ms. Badrunnessa, Joint Secretary and Program Manager, Procurement Logistics Management Cell (PLMC), MoHFW
- Dr. Abul Kalam Azad, Additional Director General (ADG) and Director, MIS, DGHS
- Ms. Miranda Beckman, Health and Population Officer, Office of Population, Health, Nutrition, and Education (OPHNE), USAID
- Mr. Md. Ayubur Rahman Khan, Additional Secretary (Development & Monitoring, Evaluation), MoHFW

All welcoming officials thanked the participants for attending and highlighted different areas in which SIAPS has been supporting the MoHFW, DGHS, and DGFP. Ms. Badrunnessa indicated the need to identify next steps to increase availability of maternal health medicines, specifically regarding local procurement practices. Dr. Tapash provided an update on the roll-out of misoprostol, which is being distributed or used in 19 Bangladesh districts, 2 of which were sampled for the assessment. Additionally, he described a pilot in Brahmanbaira District that uses of magnesium sulfate at MCWCs. Dr. Azad indicated the ongoing need for more coordination

between local and central-level authorities and stated that he looked forward to using the workshop's outcomes to identify the next steps.

Ms. Beckman said that USAID is pleased with SIAPS's work, such as (a) establishing protocols or standard operating procedures (SOPs) for procurement, (b) developing the Supply Chain Information Portal (SCIP), and (c) collaborating closely with the government. Furthermore, she stressed the importance of evidence-based interventions for improving the availability of life-saving commodities for women and children—a priority for USAID—and stated that she was looking forward to the assessment's results to see how USAID could leverage support for such interventions.

The workshop was officially opened by Mr. Khan. He said that although the Government has made great strides in improving the people's health in Bangladesh, much more needs to be done. He highlighted key achievements realized with the help of USAID and SIAPS, particularly in the area of supply chain management. Specifically, he mentioned development of the *Procurement Operations Manual* (POM) and the Framework Agreement by SIAPS. In regards to local procurement practices, he acknowledged the challenge of forecasting medication needs and distribution and stated that he looked forward to identifying areas in which the Government and SIAPS could collaborate to improve supply chain practices.

Dissemination of Results

The background, methodology, and results of the subnational procurement assessment in Bangladesh were presented by SIAPS technical staff: Sheena Patel, Melissa Thumm, and Beth Yeager. They described the assessment's methodology and explained the data collection tools, the methods used to collect data, and the selection criteria of the study sites. Among the described result areas were management of maternal health medicines, availability of those medicines, guidance and training, procurement committees, quantification, procurement practices, supplier selection, quality assurance, prices, and budget and financing (Annex C contains the full workshop presentation).

Overall, the assessment found that the medicine's source—whether from central level or local procurement—does not affect the availability of maternal health medicines at the district level. However, essential maternal health medicines are not consistently available (a) at district-level service delivery points, (b) at the storage facilities that supply them, (c) within DGFP facilities where all such medicines are locally procured, or (d) at DGHS facilities where 89% of maternal health medicines are acquired through central-level distribution.

The main conclusions of the assessment include the following—

- No guidelines or SOPs exist explicitly for local procurement to encourage standardization, and current training programs do not specifically address local procurement of medicines, including quantification.

- Forecasting calculations and assumptions are not evidence based, nor do current information systems capture sufficient or reliable data for accurate forecasting.
- Procurement prices of maternal health medicines are below the international median supplier price but, in some cases, are above the procurement price paid by CMSD, with DGFP facilities paying higher prices at the district level because of procuring smaller quantities of medicines.
- Communication and coordination between the central and district levels are inadequate, which has a negative impact on procurement and supply planning.

Annex C contains a more complete list of the assessment results.

Group Work and Discussion

Following the presentation of results, participants were assigned to groups and asked to discuss and identify activities for improving subnational procurement of maternal health commodities. The groups were divided according to whether the participant worked with DGHS or DGFP, and implementing partners were spread among the groups. Members of each group discussed actions their institution could take plus what support developing partners needed for each result area: guidance, training, procurement committees, quantification, procurement practices, supplier selection, quality assurance, prices, and budget and financing. Then each group used the supplied PowerPoint templates to present results of the discussion. Table 1 gives a synopsis of activities suggested by the groups. Annex D provides a full list of activities for group work.

Table 1. Selected Activities and Needed Support Identified during Group Work

Areas to consider (selected)	Activities	Support needed
Guidance and training	Develop SOPs and guidelines for local procurement of medicines (including quantification).	Assistance from developing partners and Central Procurement Technical Unit (CPTU) to develop SOPs, guidelines, and training for the district level
Procurement practices	Develop checklists, forms, and templates per Public Procurement Rules and Public Procurement Act.	Assistance from developing partners and CPTU
Supplier selection	Prepare approved vendor list using stringent qualifying criteria that are renewed annually.	Developing partners that can provide technical assistance and the MoHFW, which can monitor
Quality assurance	Procure from qualified vendors, and use the drug testing lab.	Support needed from the Directorate General of Drug Administration (DGDA)
Prices	Obtain market price analysis from cost estimation committee.	Product price manual that can be developed with support from the DGDA

After the groups presented their ideas about needed activities that would improve procurement practices and that could improve availability of maternal health medicines, Ms. Yeager described the activities that SIAPS is currently implementing with the MoHFW, DGHS, and DGFP. Through such activities, a focus on local procurement could potentially be incorporated. Specifically, SIAPS is seeking the following—

- To increase the visibility of data from the DGFP service delivery level in the SCIP (being piloted in five districts)
- To develop and pilot tools for tracking availability of maternal, newborn, and child health (MNCH) medicines and supplies for DGHS
- To advocate for improved coordination in the established logistics groups and meetings, such as the PLMC, the Logistic Coordination Forum, and the Supply Chain Coordination Forum

Ms. Yeager also presented some possible activities that SIAPS could initiate to improve local procurement practices, such as the development of a module specifically focused on subnational procurement (including quantification) to complement the POM and standardized templates for local procurement to ensure consistency and foster best practices.

The second part of the group work initially focused on developing an implementation plan for selected activities. However, because of time constraints, the workshop facilitators decided to have an open discussion with the workshop participants about preferences related to local procurement and the rationales behind them. Workshop participants were asked to vote for their preference of increasing local procurement of maternal health medicines, increasing procurement at the central level, or maintaining the status quo through a combination of the two. Participants were asked to demonstrate their vote by moving to a specified area in the room. Of the 22 participants, 9 voted for increased local procurement, 7 voted for increased central-level distribution, and 6 voted for the procurement system to remain as is, but with improvements.

Those who preferred to increase local procurement selected it because local officials know better how much is truly needed and can procure medicines on the basis of need and use instead of having medicines pushed to them by the central level. Those who preferred an increase in central-level procurement argued that the central level had strict regulations that ensured procurement from suppliers who met quality standards and who were able to procure medicines much more inexpensively than at the district level. However, that group's participants felt that the districts should have a 10 to 20% provision within their budgets for emergency procurements in case medicine stocks ran out. Similar arguments were made by members of the group that preferred the status quo. However, they wanted to improve the procurement capacity of both the central and local levels, especially for forecasting medicine needs and improving central and district level coordination.

To close the workshop, Mr. A.H.M. Shamsuzzaman, Deputy Secretary and Program Manager of Capacity Building and M&E, PLMC, MoHFW, thanked participants for attending, particularly those from the district level. He also thanked SIAPS for organizing the workshop and highlighted the need to address some of the issues discussed, such as improving local

procurement practices and using evidence-based methods for forecasting to improve the availability of maternal health medicines.

Although time constraints kept workshop participants from fully developing action plans for the next steps, the first part of the group work and the subsequent discussions were insightful and identified areas for follow-up by SIAPS and other partners. Overall, the workshop outcomes were as follows—

- Acknowledgment that local procurement of maternal health medicine needs improvement, especially with regards to forecasting and supply planning
- Agreement that district level authorities need more support and resources to conduct local procurement of medicines
- SIAPS commitment would henceforth include a focus on strengthening local procurement practices

ANNEX A. WORKSHOP AGENDA

Time	Session title	Presenter/facilitator
8:30 a.m. to 9:00 a.m.	Registration and breakfast	
9:00 a.m. to 9:15 a.m.	Welcome address	Dr. Zubayer Hussain, Country Program Director, SIAPS Representative from USAID, Bangladesh
9:15 a.m. to 9:30 a.m.	Opening remarks	Dr. Mohammad Sharif, Director, MCH and LD-MCRAH, DGFP Dr. Abu Jafar Md. Musa, Director, PHC and LD-MNCH&AH, DGHS Md. Ayubur Rahman Khan, Additional Secretary (Dev. & ME), MoHFW
9:30 a.m. to 10:45 a.m.	Overview of subnational procurement assessment and results	Ms. Sheena Patel, Technical Associate, SIAPS Ms. Melissa Thumm, Senior Technical Advisor, SIAPS Ms. Beth Yeager, Principal Technical Advisor, SIAPS
10:45 a.m. to 11:00 a.m.	Questions, discussion, and remarks	
11:00 a.m. to 11:15 a.m.	Tea break	
11:15 a.m. to 12:15 p.m.	Group work 1: Identifying priority actions for improving subnational procurement of maternal health commodities	
12:15 p.m. to 1:00 p.m.	Group presentations and discussion	
1:00 p.m. to 2:00 p.m.	Lunch	
2:00 p.m. to 3:00 p.m.	Group work 2: Developing an implementation plan to improve subnational procurement of maternal health commodities	
3:00 p.m. to 4:00 p.m.	Group presentations and discussion	
4:00 p.m. to 4:15 p.m.	Closing remarks	Prof. Dr. Abul Kalam Azad, ADG (Dev. & Planning) and Director, MIS, DGHS
4:15 p.m. to 4:30 p.m.	Tea	

ANNEX B. LIST OF PARTICIPANTS

	Name	Title	Organization
1.	Md. Ayubur Rahman	Additional Secretary, Dev. & ME	MoHFW
2.	Ms. Badrun Nessa	Joint Secretary & Program Manager, PLMC	
3.	Mr. A.H.M. Shamsuzzaman	Program Manager, Capacity Building and ME	
4.	Prof. Dr. Abul Kalam Azad	ADG, Dev & Planning and Director, MIS	DGHS
5.	Dr. Md. Ismail Faruk	AD and DPM, MNH	
6.	Dr. Nasima Khatun	DPM, MNH	
7.	Dr. Tapash Ranjan Das	Deputy Director, MCH	DGFP
8.	Md. Jasim Uddin Bhuiyan	AD, Local Procurement, PSSM	CMSD
9.	Dr. Munir Ahmed	DPM, Local Purchase & AD, S & D	CBHC
10.	Dr. Abdus Sobur	DPM, Procurement	
11.	Dr. A.F.M. Rafiqul Hasan	Civil Surgeon, Bagerhat	MoHFW
12.	Dr. Md. Abdus Samad	MO, Clinic, Bagerhat	
13.	Sheikh Daud Ali	Storekeeper, CS Office, Bagerhat	
14.	Dr. Md. Azharul Islam	Civil Surgeon, Sylhet	
15.	Dr. Nani Bhushan Talukder	MO – Clinic, MCWC, Sylhet	
16.	Mr. Asoke Roy	Storekeeper, Civil Surgeon Office, DRS, Sylhet	
17.	Dr. Nur E. Akhter Tahmin Quader	MO, Clinic, MCWC, Manikgonj	
18.	Md. Nazimuddin	Storekeeper, CS Office, Gazipur	
19.	Dr. Mahbubur Rahman	RMO, Tongi 50-bed Hospital	
20.	Dr. Shah Alam Sharif	Civil Surgeon, Gazipur	
21.	Ms. Miranda Beckman	Health Officer, OPHNE	USAID
22.	Dr. Md. Rezaul Hasan	Manager, SNL	Save the Children
23.	Dr. Selina Amin	Senior Advisor, MaMoni HSS	
24.	Mr. Anwar Hossain	LMIS advisor	
25.	Ninad Afrin Zohora	Assistant Program Officer	Engender Health
26.	Dr. Mahbuba Khan	TNP for Maternal Health Program	WHO
27.	Dr. Md. Sheikh Giash Uddin	Department of Statistics, Consultant, SIAPS	Jagannath University
28.	J. M. Faridur Rahman	WHO Program Coordinator	DGDA
29.	Dr. Zubayer Hossain	Country Project Director	SIAPS
30.	Dr. S. M. Abu Zahid	Team Lead, Procurement	
31.	Dr. S. K. Asir Uddin	Team Lead, HSS	
32.	Md. Abdullah	STA, Logistics, SIAPS	
33.	Mr. Azim Uddin	Technical Advisor, Logistics	
34.	Mr. Golam Kibria	STA, Quantification and MIS	
35.	Md. Fazle Karim	STA, M&E, SIAPS	
36.	Md. Anwarul Islam	STA, Procurement, SIAPS	
37.	Mr. Abdullah Imam Kahn	STA, Procurement, SIAPS	
38.	Md. Imam Zafor	STA, PLMC, SIAPS	
39.	Mr. Nurul Kader	STA, Logistics, SIAPS	
40.	Dr. Javedur Rahman	STA, MNCH	

ANNEX C. WORKSHOP PRESENTATION



Sub-national procurement of maternal health medicines: Results from an Assessment in Bangladesh

Sheena Patel, Melissa Thumm, Beth Yeager
March 4, 2014
Dhaka, Bangladesh

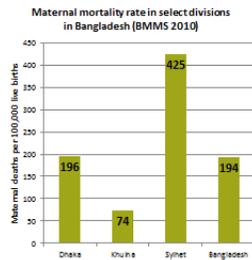


Background

- Maternal mortality in Bangladesh: 194 deaths per 100,000 live births (BMMS 2010)
- Leading causes of maternal deaths:
 - Post-partum hemorrhage - 31%
 - Pre-eclampsia/eclampsia - 20%

Background (2)

- Geographical differences in MMR
- Limited access to care
 - Only 32% of births are attended by a skilled attendant
- Inadequate access to medicines for PPH and PE/E



Background (3)

- Maternal health medicines are supplied by the central level as well as procured at the district level
- Insufficient information exists on how local procurement affects access at the district level:
 - Are maternal health medicines consistently available where women need them?
 - How are maternal health medicine needs estimated?
 - Are local procurement practices in line with international and national guidelines?

Purpose and Objectives

To understand how local procurement practices affect access to maternal health medicines

Objectives:

- To measure availability of maternal health medicines and determine their sources
- To evaluate local procurement practices
- To identify options for strengthening local procurement practices and overall procurement strategies



Methodology

- Literature review
- Key informant interviews at the central level
- Semi-structured interviews
- Document and record review
- Direct observation

Data collection

Tools

1. Procurement
 - Sources of medicines, procurement practices and prices
2. Stock status
 - Availability within the last 12 months
 - Storage conditions

Data were collected from October-November 2013 by SIAPS staff



Sample

- Three divisions and districts were selected in consultation with DGHS and DGFP based on:
 - MMR
 - Perceived capacity and performance of the system
 - Geographic accessibility
- Selected divisions and districts:
 - Gazipur, Dhaka
 - Bagerhat, Khulna
 - Sylhet, Sylhet



Sample (2)

	Dhaka	Khulna	Sylhet	Total
Procurement				
<i>Civil Surgeon Office</i>	1	1	1	3
<i>Maternal and Child Welfare Centers</i>	1	1	1	3
Total	2	2	2	6
Stock Status				
<i>District Reserve Store (CSO)</i>	2	1	1	4
<i>District Hospital</i>	2	1	1	4
<i>Upazila Health Complex</i>	1	1	1	3
<i>Maternal and Child Welfare Centers</i>	1	1	1	3
<i>Upazila Family Planning Store</i>	1	1	1	3
Total	7	5	5	17



Results



Results

- Management of MH medicines
- Availability
- Source of medicines
- Procurement
 - Local procurement guidance and training
 - Procurement committees
 - Quantification
 - Procurement practices
 - Supplier selection
 - Quality assurance
 - Prices
- Budget and financing

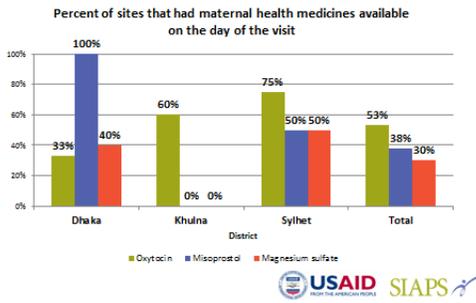


Management of MH Medicines

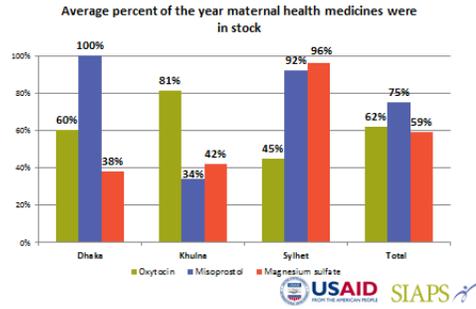
		Oxytocin	Misoprostol	Magnesium sulfate
DGHS	Expected	All CSOs, DRS, district hospitals, and UHCs	All CSOs/DRS, district hospitals, and UHCs	All CSOs/DRS, district hospitals, and UHCs
	Actual	100% (11/11)	36% (4/11)	91% (10/11)
DGFP	Expected	All MCWCs and UFPS	All MCWCs and UFPS in Dhaka and Khulna	None*
	Actual	67% (4/6)	75% (3/4)	NA
Total		88% (15/17)	47% (7/15)	91% (10/11)



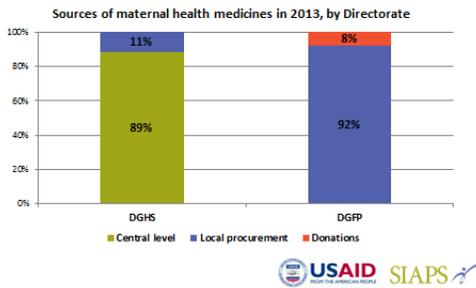
Availability



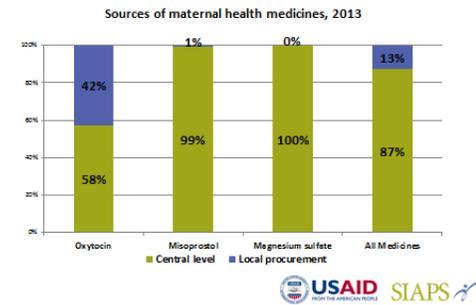
Availability (2)



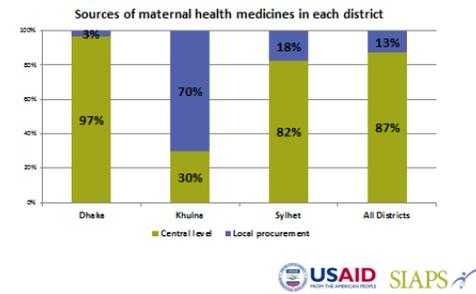
Sources of medicines



Source of Medicines



Source of Medicines (2)



Procurement Committees

- All CSOs and MCWCs had operational procurement committees
- Procurement committees’ responsibilities cover all aspects of procurement – drug selection, quantification, tender process, bid evaluation and supplier selection, quality assurance
- Reportedly, at least one member of the procurement committee at each of the CSOs and MCWCs had attended a CPTU procurement training



Forecasting

Data used for forecasting:	Total
Previous year's consumption for each medicine	3
Past distribution data	2
Hospital/ health facility data on cases of PPH or PE/E	3
Number of beds in the facility	2
Number of registered patients	3
Maternal morbidity data based on national or district level	1
Maternal mortality data based on national or district level	1
Population	1
Population growth rate	0
Birth rate	1
Other: number of expected deliveries (ANC visits, annual marriages)	2



Quantification

- No guidance or training specifically for quantification reported by CSOs and MCWCs
- Quantification based on incomplete and unreliable data; assumptions not evidence-based
- CSOs and MCWCs reported using consumption data; however, true consumption data not available
 - Distribution data used as proxy for consumption



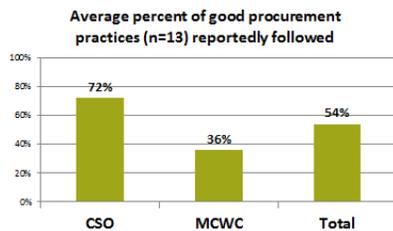
Procurement

Good Procurement Practices*	Total (n=6)
Formal supplier qualification and monitoring	4
Competitive procurement	4
Orders quantities based on reliable estimate of need	1
Transparency and written procedures	4
Product quality assurance program	0
Regular reporting on procurement performance	1

*Selected from a total of 13 good practices evaluated in the assessment



Compliance with good procurement practices



Supplier Selection

Supplier selection criteria*	Total (n=6)
Follows Good Manufacturing Practices (GMPs)	3
Certification documents available	5
Reputation of the supplier	6
Delivery time	6
Packaging and labeling	6
Product shelf-life meets contractual terms	6
Quality standards	6

*Selected from a total of 15 supplier selection criteria evaluated in the assessment



Supplier selection (2)

Percent of recommended supplier selection criteria (n=15) reportedly used:

	Dhaka	Khulna	Sylhet	Average
CSO	80% (12)	93% (14)	93% (14)	89% (13)
MCWC	73% (11)	80% (12)	87% (13)	80% (12)
Average	77% (12)	87% (13)	90% (14)	84% (13)



Quality assurance

- Product quality taken into account during tender process and supplier selection
 - Packaging “in good condition”
 - Product analysis certificate/report
- Visual inspection of products upon delivery
- No suspected quality issues reported during 2013



Storage of Oxytocin

- None of the sites visited had oxytocin stored in the recommended conditions (between 2° and 8° Celsius) on the day of the visit
- In most cases, refrigerators were not present in medicine storage areas for oxytocin
- DGDA recently circulated statement recommending cold storage for oxytocin



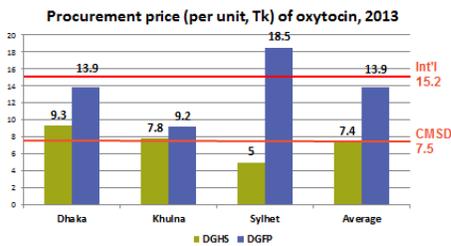
Prices

Procurement price of maternal health medicines, per unit (2013):

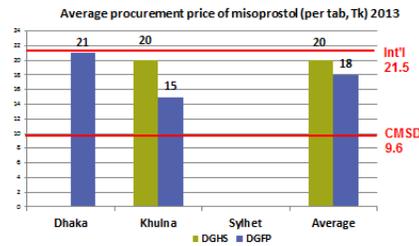
	Oxytocin	Misoprostol
International supplier median price	15.2	21.5
Central level (CMSD)	7.5	9.6
DGHS		
Dhaka	9.3	NA
Khulna	7.8	20
Sylhet	5.0	NA
DGFP		
Dhaka	13.9	21
Khulna	9.2	15
Sylhet	18.5	NA



Prices (2)



Prices (3)



Budget and Financing

- MCWCs requests budget for medicines from central level
 - Do not always receive what they request; not advised in advance about any changes
- CSOs do not develop or request their budgets for medicines; determined at central level
- Budgets typically do not allow for emergency procurements to react to stock-outs
- Budgets developed for medicines by CSOs do not account for medicines that may be received from central level



Conclusions

- Essential maternal health medicines are not consistently available at district-level service delivery points (or the storage facilities that supply them)
- All MH medicines available in the DGFP system are acquired through local procurement
- Majority (89%) of MH medicines in the DGHS system are acquired through central-level distribution
- Neither source of medicines appears to have a more positive effect on availability than the other



Conclusions (2)

- There are no guidelines or SOPs specifically for local procurement to encourage standardization
- Current training programs do not specifically address local procurement of medicines, including quantification
- Forecasting calculations and assumptions are not evidence-based
- Current information systems do not capture sufficient or reliable data for accurate forecasting



Conclusions (3)

- Prices of medicines procured at the district level are below the international median price
- MCWCs may be paying higher prices for MH medicines because of the smaller quantities procured on a quarterly basis
- Communication and coordination between the central and district levels are inadequate and having a negative impact on procurement and supply planning

