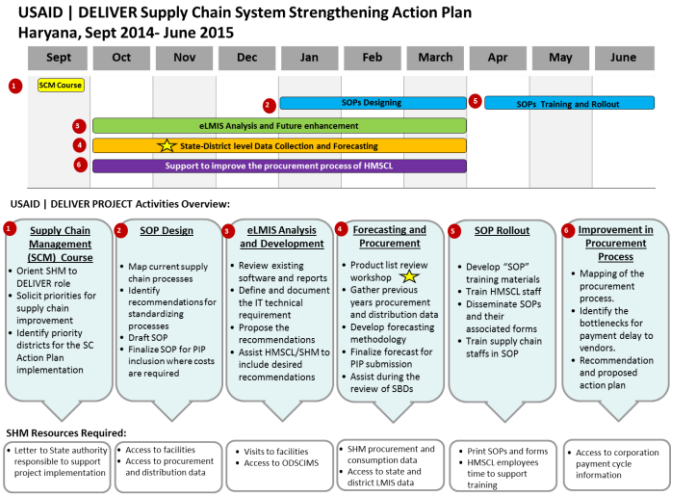
Overview RMNCH+A Strategy (Haryana)

As part of ongoing support to implement the reproductive, maternal, newborn, child and adolescent health (RMNCH+A) strategy, USAID works with the Ministry of Health and Family Welfare (MOHFW) to strengthen the supply chain management of essential RMNCH+A commodities. USAID engaged the USAID | DELIVER PROJECT (the project), implemented by John Snow India Private Limited (JSIPL), to provide technical support to the MOHFW and State Health Missions (SHMs) on supply chain management of RMNCH+A commodities; including selected HIV and AIDS prevention and treatment commodities—condoms, and sexually transmitted infection and opportunistic infection drugs. The project provides assistance to the national level and to SHMs in four states—Uttarakhand, Jharkhand, Himachal Pradesh, and Haryana—where USAID is the lead development partner under the Call to Action for Child Survival and Development.

Under the leadership of the Haryana Department of Health and State Health Mission, the implementation of the RMNCH+A strategy included a number of coordinated interventions comprising health system improvement, prioritization of quality primary care interventions, intensive monitoring and performance evaluation and the convergence of services, supplies, and infrastructure at the point of care. Under the health system strengthening efforts, continuously providing all the RMNCH+A priority commodities is a critical element of success.

In Haryana, the project started by conducting a landscape analysis with the following objectives:

- Provide an overview of and insight into the organizational structure and operational capabilities of the supply chains assessed, including the online supply chain logistics management information system (LMIS) of the newly formed Haryana Medical Services Corporation Limited (HMSCL).
- Gather and analyze quantitative data to identify key gaps, challenges, and opportunities to improve the supply chain operations managed by the MOHFW and the SHM.



Based on the findings from the qualitative and quantitative landscape analysis[1] and quantitative assessments[2], the project worked with counterparts on a short-term action plan (see figure above) for the following key activities:

Activity 1: Develop and conduct a supply chain workshop for relevant health professionals with supply chain responsibilities; focus on inventory management, the LMIS, and warehousing.

Looking at the knowledge and skills available, as well as the gaps identified during the landscape analysis, the project developed and conducted a supply chain workshop that focused on inventory management, the LMIS, and warehousing. Participants from the SHM program and financial departments, high-priority districts, and regional warehouses; including HMSCL managers, were introduced to technical knowledge, as well as international best practices in the field of public health supply chain management.

[1] http://deliver.jsi.com/dlvr_content/resources/allpubs/logisticsbriefs/HaryLandRMNCHBrief.pdf
[2] http://deliver.jsi.com/dlvr_content/resources/allpubs/countryreports/HaryIndiRMNCH_LIAT.pdf

Using the knowledge and skills gained during the workshop, the HMSCL created a standardized inventory management system that the state regional warehouses were to strictly and uniformly follow.

Activities 2 and 5: Strengthen supply chain management operations by institutionalizing standard operating procedures (SOPs) for inventory management and the capacity building of health professionals with supply chain responsibilities.

A detailed, facility-based data collection was conducted to identify the current supply chain processes and LMIS forms being used. Through a comparative review with internationally accepted best practices, detailed SOPs were documented for the inventory management system and LMIS, including review and/or design of facility forms for data collection and reporting. The draft SOPs were presented to and reviewed by stakeholders, vetted by the HMSCL, and approved by the SHM and other appropriate health department sections.

The SOPs are being rolled out to all health facilities in two pilot districts—Ambala and Panchkula. Two-day trainings were conducted for district-level program and medical officers, as well as warehouse and store pharmacists. One-day trainings at the facility level were conducted to train auxiliary nurse midwives, lady health visitors, staff nurses, and other dispensing staff. More than 350 health professionals have been trained on SOPs in these two districts.

Activity 3: Facilitate the process for defining future enhancements for the eLMIS and, thereby, support improvements in timeliness and visibility of supply chain data for decisionmaking at the state level.

The project facilitated the process for enhancing the existing eLMIS system in Haryana: the Online Drug Inventory and Supply Chain Management System (ODISCMS). It was developed by the National Informatics Centre (NIC) to improve visibility of logistic data and to advocate for using eLMIS-generated data for budgeting and procurement decisions. The project team analyzed more than 50+ existing reports and the IT platform, resulting in recommendations to simplify the process and reduce the number of reports to 15–20 core reports. A prototype of suggested reports, as well as dashboards and key performance indicators, were drafted, in cooperation with HSMCL and SHM counterparts. These were shared for approval; the NIC incorporated them into the ODISCMS.

Activity 4: Improve the forecasting procedures for essential medicines included in the 5×5 RMNCH+A matrix and conduct forecasting exercise at the state level for procurement and supply planning.

After the landscape analysis revealed the need to strengthen the forecasting and quantification processes of the HSMCL, a focused, hands-on workshop was organized to increase program managers' knowledge and skills on data-driven forecasting methods. Initially, joint project and HMSCL experts collected the necessary data (e.g., service indicators, logistics data) and, using budgetary details, developed a technical tool for quantification and supply planning. Finally, all forecasting assumptions and guidelines were validated during the forecasting workshop; the final forecast for the 5×5 RMNCH+A essential medicines was included in the 2015–2016 State Program Implementation Plan (PIP).

Activity 5: Map the procurement processes and identify gaps related to delayed payment to vendors.

Using the gaps identified during the landscape assessment, this activity focused on support for the HMSCL to prepare the standard bidding documents for the RMNCH+A commodity procurement and for quality testing of drugs. The previous procurement information was validated with the real forecasting needs; the identified gap was proposed to be financed through the National Health Mission PIP 2015–2016 for drug and warehousing.

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