

# SIAPS BANGLADESH

Quarterly Newsletter

MARCH 2015

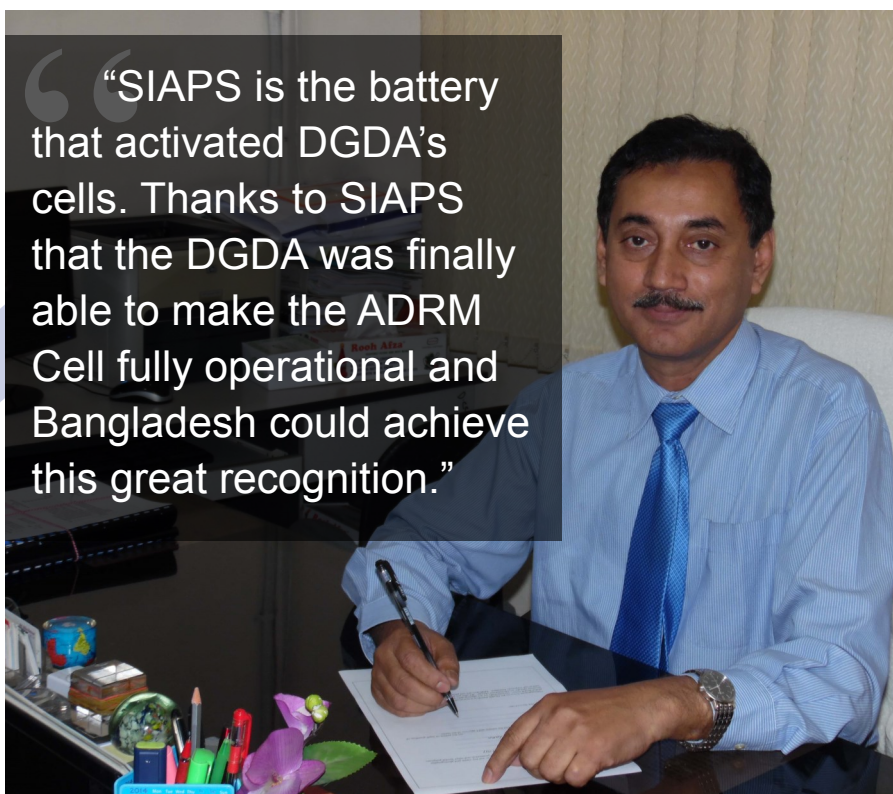
## INSIDE THIS ISSUE

Inventory Tools Management Committee Formed at DGFP	2
Troubleshooters Trained to Ensure Smooth Functionality of UIMS	2
Standardizing Bidding Documents for DGFP Items	2
Piloting of Equipment Tracking Module Kick-Started at CMSD	3
Situation Analysis on Pharmaceutical Management of RMNCH Commodities	3
TB Partners' Coordination Meeting	4
DGDA Officials' Post-Marketing Surveillance Reporting Capacity Enhanced	4
Orientation Workshops on Procurement Operations Manual	5
SIAPS Continues Fostering PV Awareness	5

## WHO-UMC WELCOMES BANGLADESH AS THE 120TH FULL-MEMBER COUNTRY

Bangladesh has become the 120th full-member country of the World Health Organization's (WHO) International Drug Monitoring Center known as WHO-UMC. Bangladesh is now part of this vital network promoting pharmacovigilance (PV) throughout the world. This membership will enable Bangladesh to continue to monitor adverse drug reactions (ADRs), maintain international standards of reporting, and increase in-country PV awareness through data sharing with other member countries.

Getting this WHO recognition has been a long journey with a lot of effort that started more than 20 years ago, according to Mr. Salim Barami, Director and Head of the Adverse Drug Reaction Monitoring (ADRM) Cell of the Directorate General of Drug Administration (DGDA). In 1997, while participating in training in Thailand and working with Thailand's national PV center, Mr. Barami first



Mr. Salim Barami, Head of the ADRM Cell at DGDA, retired from government service in January 2015.



**USAID**  
FROM THE AMERICAN PEOPLE

**SIAPS**  
Systems for Improved Access  
to Pharmaceuticals and Services

encountered the concept of an ADRM cell. Determined to establish a similar well-functioning national drug monitoring center in Bangladesh, he took the initiative to establish a cell in the Directorate solely for the purpose of monitoring ADRs. Accordingly, the ADRM Cell was formed. However, due to lack of enthusiasm of other cell members, it stopped functioning eventually and remained non-functional for many years.

When the SIAPS Program began working with the DGDA in 2013, it provided technical assistance to revive the ADRM Cell and the Adverse Drug Reaction Advisory Committee (ADRAC) as part of health systems strengthening. The ADRM Cell and ADRAC began having meetings, with follow-up actions taking place at regular intervals. In September 2013, the ADRM Cell was declared as the National Drug Monitoring Center (NDMC) of Bangladesh. SIAPS also trained ADRM Cell members to effectively use Vigiflow, a web-based data management tool used by VigiBase, WHO's global individual case safety report database, to upload ADR reports. Through Vigiflow, the DGDA successfully submitted the first batch of ADR case reports to VigiBase; the ADRM Cell has furthered the relationship by participating in PV trainings conducted by WHO-UMC. As a result, Bangladesh was finally accepted by the WHO Program for International Drug Monitoring as its 120th full-member country. Currently, 30 hospitals and pharmaceutical companies are under DGDA's PV program to maximize the submission of ADR reports to the center.

#### **INVENTORY TOOLS MANAGEMENT COMMITTEE FORMED AT DGFP**

As part of strengthening pharmaceutical management systems, SIAPS has been providing technical assistance to the Directorate General of Family Planning (DGFP) to use and maintain inventory management tools such as the Warehouse Inventory Management System (WIMS), Upazila Inventory Management System (UIMS), and the electronic Logistics Management Information System (Supply Chain Information Portal). These inventory management tools have been effective at improving DGFP's procurement and supply chain management to ensure availability of commodities. As part of SIAPS' sustainability plan, these tools will ultimately be handed over to DGFP for overall management and maintenance. To this end, at a recent

two-day workshop in November 2014, SIAPS proposed to establish a national committee to maintain and manage the aforementioned inventory management tools. The DGFP Inventory Tools Management Committee, consisting of five members, was formed in December 2014. With this, SIAPS moves one step closer to handing over the currently used logistics management tools to DGFP.

#### **TROUBLESHOOTERS TRAINED TO ENSURE SMOOTH FUNCTIONALITY OF UIMS**

The UIMS is a vital tool for inventory management and is now functional in all 488 upazilas (sub-districts). The desktop-based UIMS is mainly used by storekeepers at the Upazila Family Planning Office to maintain stocks of commodities, monitor field reporting, generate supply plans, issue vouchers automatically, and generate monthly logistics management reports. Previously, the day-to-day troubleshooting for any technological problem encountered by these storekeepers was addressed by 15 DGFP master trainers and, in some cases, by field-based technical advisors from SIAPS Bangladesh. As part of the sustained troubleshooting mechanism within the DGFP, SIAPS facilitated a UIMS troubleshooters training organized by the DGFP to develop district-based trouble-shooters for better management of UIMS functionality. The regional training contributed to the development of another 62 trainers for a total of 77 troubleshooters. During this reporting period, these troubleshooters used their skills and knowledge to fix minor software operations errors, re-install software, and provide on-the-job training to new users. As a result, 97% of upazilas successfully uploaded logistics data directly through UIMS, which contributed to making prompt decisions at all levels.

#### **STANDARDIZING BIDDING DOCUMENTS FOR DGFP ITEMS**

SIAPS facilitated two workshops in November and December 2014 in Dhaka to standardize bidding documents for different categories of items for officials in DGFP's Logistics and Supply Unit. Previous types of bidding documents lacked uniformity. Therefore, the workshops were held to build a consensus among DGFP procurement officials to finalize bidding documents for different categories of items. Both workshops were chaired by Mr. Md. Momtaz Uddin, Line Director of

Procurement Storage and Supply Management and Director of Logistics and Supply for DGFP. DGFP's additional director, deputy director, assistant director, desk officers, and the superintendent of the procurement cell participated in the events.

The workshops were interactive with a presentation, group exercise, group presentation, and open discussion. The participants opined that the workshops helped them to come to a common understanding about developing procurement packages, especially the modifiable sections, in a similar style, thus ensuring uniformity in all bidding documents.

### PILOTING OF EQUIPMENT TRACKING MODULE KICK-STARTED AT CMSD

SIAPS has recently added a new module named the equipment tracking module (ETM) in the Supply Chain Management Portal (SCMP) used by the Ministry of Health and Family Welfare (MOHFW) and the Directorate General of Health Services. ETM has been developed to keep track of the life cycle (procure, receive, install, service, maintain, and condemn) of expensive electromedical equipment used at the tertiary, secondary, and primary-level public health facilities. The Central Medical Stores Depot (CMSD) plays a key role in procuring and distributing these pieces of equipment at the central level. The piloting of the ETM

### SITUATION ANALYSIS ON PHARMACEUTICAL MANAGEMENT OF RMNCH COMMODITIES

A recently published mid-term review report (2014) by the MOHFW shows that over the past decade, Bangladesh has made significant progress in lowering maternal and child mortality. To maintain this down-ward trend, it is crucial that women and children have access to safe and high-quality contraceptives and essential reproductive, maternal, neonatal, and child health (RMNCH) commodities at service delivery points. To assist the Government of Bangladesh (GOB) in identifying and overcoming barriers to access to these essential medicines at the district level, SIAPS joined with the MaMoni Health Systems Strengthening (MaMoni HSS) Project, led by Save the Children, to conduct a situation analysis in Lakshmipur. The analysis specifically sought to analyze the availability of key medicines and supplies for RMNCH at all levels within the district; to describe the pharmaceutical management practices and procedures at the district level and below; and to identify possible inter-ventions to improve the pharmaceutical management and thereby improve availability of key RMNCH medicines

and supplies in the district. The situation analysis employed a combination of qualitative and quantitative data collection methods. To share the findings of the analysis, a dissemination workshop will be organized by SIAPS and MaMoni HSS where the participants will include key GOB officials, stakeholders, partners, and donors.



SIAPS and MaMoni team visit the Lakshmipur district health department to assess the store management system.

is officially underway at CMSD (starting in November 2014) and entering data on the registered equipment is currently in progress. This piloting will be linked with the field, in that Moulvibazar district will soon start entering equipment data and tracking the status of the equipment's life cycle. The ETM, once it becomes fully functional, will be a critical component in ensuring hospitals' and medical institutions' financial accountability and will facilitate tracking the status and performance of the equipment. The module will also allow users to take into consideration the "value for money" concept, thus minimizing losses and misuse of valuable equipment at health facilities.

### TB PARTNERS' COORDINATION MEETING

Dr. Md. Quamrul Islam, Director of Mycobacterium Disease Control and Line Director of TB-Leprosy, National TB Program (NTP), presided over the first quarterly TB Partners' Coordination Meeting of FY 2014-15, held on December 24, 2014, with SIAPS facilitation. Apart from NTP and SIAPS, representatives from other key partners, such as the Damien Foundation, BRAC, RDRS, Lepira, TB CARE II, NHSDP (NGO Health Service Delivery Project), Lighthouse (Bogra) and HEED (Health, Education, and Economic Development) Bangladesh, were present at this meeting. The purpose was to provide the implementing TB partners with a good platform to share updates and best practices and thus make way for strong collaboration to fight against the disease. The following decisions were made:

- The quarterly meeting will be held on the second month of each quarter, after NTP receives and compiles all TB data from the previous quarter sent by peripheral TB direct observation treatment short course (DOTS) facilities and NGO partners.
- NTP needs to strengthen its monitoring and supervision at the peripheral labs.
- All TB staffs, from GOB and nongovernmental organizations, need to communicate more with health authorities to reduce diagnostic and treatment delays, especially for MDR-TB patients.
- Partners will provide preventive treatment to children (isoniazid prophylactic therapy) whose parents (either father, mother, or both) are/were active-TB patients to minimize the risk of

transmission.

- All implementing TB partners should emphasize notifying NTP properly about the number of TB cases detected across the country.

### DGDA OFFICIALS' POST-MARKETING SURVEILLANCE REPORTING CAPACITY ENHANCED

Recently, SIAPS provided technical assistance to the DGDA to update their current website to a web portal. This will enable the DGDA field inspectors to upload post-marketing surveillance reports on the website during site inspections. To ensure effective maintenance of the web portal, a five-member content management team (CMT) has been also established at DGDA to upload updated data for local and imported registered products, including export information. The CMT also serves as the point of contact for DGDA field inspectors. To enhance the capacity of the DGDA inspectors and to ensure accurate and timely data entry and reporting, a two-day workshop was facilitated by SIAPS for 35 DGDA officials in two batches on October 29 and 30, 2014. DGDA field inspectors received hands-on training on data entry and management and explored practical solutions for issues they encounter while using the portal. Some major decisions, like creating a pool of master trainers, providing refresher training to the field staff, and arranging monthly meetings to discuss issues and progress of data entry, were also made at the workshop.

As part of SIAPS' assistance to facilitate the monthly



SIAPS Bangladesh CPD Grace Hafner (second from the right) and Director General of DGDA Major General Jahangir Hossain Mollik (right) give a computer to a workshop participant.

update of registered drug/manufacturer/pharmacy lists on the DGDA web portal, 35 new computers were provided to DGDA officers. This activity aided SIAPS' sustainability plan to hand over the web portal to the DGDA by this fiscal year. To this end, selected CMT members will be provided further training of trainers to handle problems from the field and to more efficiently monitor the amount of data entered into the portal.

**ORIENTATION WORKSHOPS ON PROCUREMENT OPERATIONS MANUAL**

To familiarize the local level (district and sub-district) officials handling procurement activities using the *Procurement Operations Manual* (developed by SIAPS), a series of orientation workshops was held from September to December 2014 in seven divisions of Bangladesh. A total of 262 participants attended these orientation events including the divisional director for health, civil surgeons from all 64 districts, and all upazila health and family planning officers. At these orientation workshops, the participants learned how to use this manual effectively, operate procurement planning activities more efficiently, prepare bid documents and terms of references and bid evaluation reports, and evaluate technical and financial proposals according to guidelines. They also received enhanced knowledge about the importance of preserving the documents and how to mitigate complaints. The manual was highly appreciated by the participants.

**SIAPS CONTINUES FOSTERING PV AWARENESS**

To engage more health practitioners outside of Dhaka in the PV program, two half-day workshops were facilitated by SIAPS in the Chittagong Medical College Hospital and Rajshahi Medical College Hospital on December 1 and 14, 2014, respectively. More than 160 physicians and nurses from the hospitals, along with many private



A participant at the PV workshop at Rajshahi shares his opinion.

practitioners, attended the workshops. The participants learned about the activities and functions of the ADRM Cell of DGDA and the benefits of PV as it relates to patient safety. The workshop participants appreciated DGDA's initiative to promote PV and expressed their commitment to contribute from their levels in establishing drug safety for the people of Bangladesh. SIAPS, with DGDA officials, also continued monitoring adverse events through visits to hospitals, such as the National Institute of Chest and Disease Hospital, Government Employee Hospital, and the National Cancer Hospital, from October to December 2014. During these visits, presentations on PV monitoring were made by SIAPS for the hospital focal persons; printed copies of ADR forms were also distributed to encourage reporting of any ADRs identified among patients. Furthermore, to discuss the strategy for including selected MDR TB sites into PV activities for ADR monitoring, SIAPS visited the National Tuberculosis Program of Bangladesh with WHO representatives. In the following quarter, SIAPS and DGDA officials will make visits to more health facilities including MDR TB sites and medical college hospitals, thereby extending PV awareness to more areas in Bangladesh and facilitating greater response.

**WE WOULD BE HAPPY TO HEAR FROM YOU**

Please send comments to Liza Talukder at [ltalukder@msh.org](mailto:ltalukder@msh.org).

**CONTACT ADDRESS:**

SIAPS Country Office  
House#3 (2nd & 3rd Floor), Road#23B,  
Gulshan-1, Dhaka-1212, Bangladesh  
For more information, please visit  
[siapsprogram.org](http://siapsprogram.org)

This report is made possible by the generous support of the American people through the US Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-11-00021. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.