Inventory Control Procedures

In 2023, inSupply Health and JSI conducted a joint landscaping assessment to identify opportunities for strengthening data use culture and processes within the public sector supply chain. The assessment used a mixed-method approach, collecting both quantitative and qualitative data, with stock status measured by physical inventory checks. Key findings highlighted the Ministry of Health's efforts to promote data use through a national training manual, HMIS systems, 177 key performance indicators (KPIs), and Performance Monitoring Teams (PMTs) across all levels. PMTs at the woreda and health facility levels were the most functional, though engagement from pharmacy departments remained limited.

The assessment revealed that inventory accuracy for eight Reproductive, Maternal, Newborn, and Child Health (RMNCH) products was 100% across the facilities visited, with overall availability at 78%. Stockouts were infrequent and mainly caused by supply shipment delays, particularly for certain vaccines. The report recommends revitalizing PMT governance, enhancing data analysis skills among members, and establishing robust monitoring and evaluation systems to improve decision-making and supply chain performance.

Themes: 1. Forecasting and Quantification 2. ***Inventory Control Procedures*** *3.Transport & Distribution 4. Logistics Management Information Systems 5. Data Demand and Use 6. Performance Monitoring Teams 7. Recognition and Capacity Building*

The assessment of Reproductive, Maternal, Newborn, and Child Health (RMNCH) commodities revealed a well-established pharmaceutical logistics system with clearly defined inventory control levels to ensure facilities maintain adequate supplies. The system largely follows a pull mechanism based on consumption data, although certain regions, such as East Hararghe, utilize both push and pull systems. Health facilities use the Integrated Pharmaceutical Logistics System (IPLS) to manage RMNCH commodities, relying on standardized tools like the Report and Requisition Form (RRF) and bin cards for inventory tracking.

Inventory Accuracy and System Tools

Facilities implementing the DAGU system benefit from automated calculations for resupply quantities based on beginning balance, consumption, losses, and adjustments. While lower-level facilities like health centers showed higher inventory accuracy compared to hospitals, the assessment found 100% inventory accuracy for all eight RMNCH products in half of the facilities visited. However, minor instances of untimely bin card updates were noted.

Stock Levels and Stockouts

Most facilities maintained adequate stock levels, with more than 60% fully stocked on key RMNCH commodities like implants, ORS-Zinc, and Amoxicillin. Stockouts were infrequent, typically caused by shipment delays, particularly for vaccines like BCG, which had a three-week stockout during the six months prior to the assessment. The average order fill rate from EPSS was 80% for RMNCH, TB, and HIV commodities.

"The stockout happens only for revolving fund commodities. The order fill rate from EPSS is about 80% for program commodities RMNCH, TB, and HIV. For missing commodities, they communicate with hfs and conduct redistribution. For some commodities, like oxytocin, they are purchased by both programs and revolving funds." Key Informant.

Challenges and Recommendations

The primary challenges include data quality issues, lack of electronic visibility at the Woreda level, and limited use of data to prevent stockouts. Recommendations to improve the RMNCH supply chain management system include:

- Enhancing data quality and usage: Strengthen health system data utilization and implement data quality interventions.
- Scaling up eLMIS: Expand the use of electronic logistics management systems to improve inventory visibility.
- Capacity building: Develop skills in using LMIS tools and monitoring systems for better data management.