Delivering on a Promise: The Story of Myanmar’s RH Supply Chain
From the very beginning, this is a story of political commitment for reproductive health

.....and the systems to deliver products.
Commitment from the first mile
To the last mile
Myanmar commits a budget line item for RH supply chains.
Conduct baseline supply chain assessment. Few standardized systems and tools.
Begin to align systems and processes through system design
2,000 health staff are trained in new RH logistics system
“Doing well for the RHC-LS means I get more products so more patients come to my sub-center.”

Midwife, Mandalay Region
Develop an electronic dashboard and associated tools to capture information.
The data in the automated system helps show the difference between my thinking and reality; I always thought male condoms were overstocked, and yet now I see stock outs in many facilities for these products.

Senior Health Official Regional Office
We can now see our consumption of products and be able to project what we will need for next month.  

RHC Midwife
Quality improvement teams introduce a process for reviewing data for decision making
QITs drive action
Over 800 transfers of products in the 6 QIT townships, compared with just 70 in the 6 non-QIT townships.
Staff commitment QIT process is high. Use multiple platforms to recognize performance.
Evidence shows improved product availability, as demonstrated by decreased stockouts in QIT sites.

**QIT Sites**
- Stockout rate: 24%

**Non-QIT Sites**
- Stockout rate: 38%

*Average stockout rate for 17 products*
Based on this success and evidence, the MOH decides to scale the RHC-LS nationally.
RHC-LS piloted in 12 townships.
By the end of 2016, 55 townships will be using the system.
All townships (330) expected to be using the RHC-LS.

Will expand to include with essential medicines.
It takes many partners to scale a system.
cè-zù tin-ba-deh

Thank you!