# Improving vaccine supply chains using mobile technology

Experiences from India

May 2015

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Dr. Bhrigu Kapuria (ITSU)

## Agenda

- Context, Challenges, Solution
  - By Arun Ramanujapuram

- Impact in Uttar Pradesh, India
  - Dr. Bhrigu Kapuria

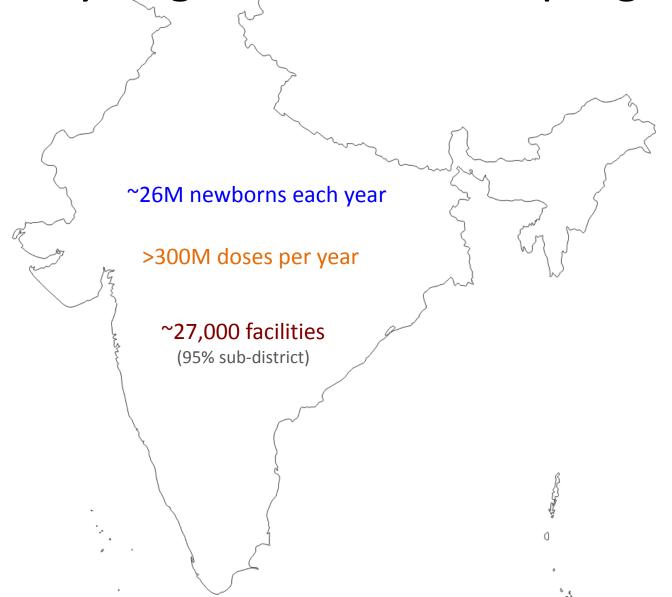
Q&A

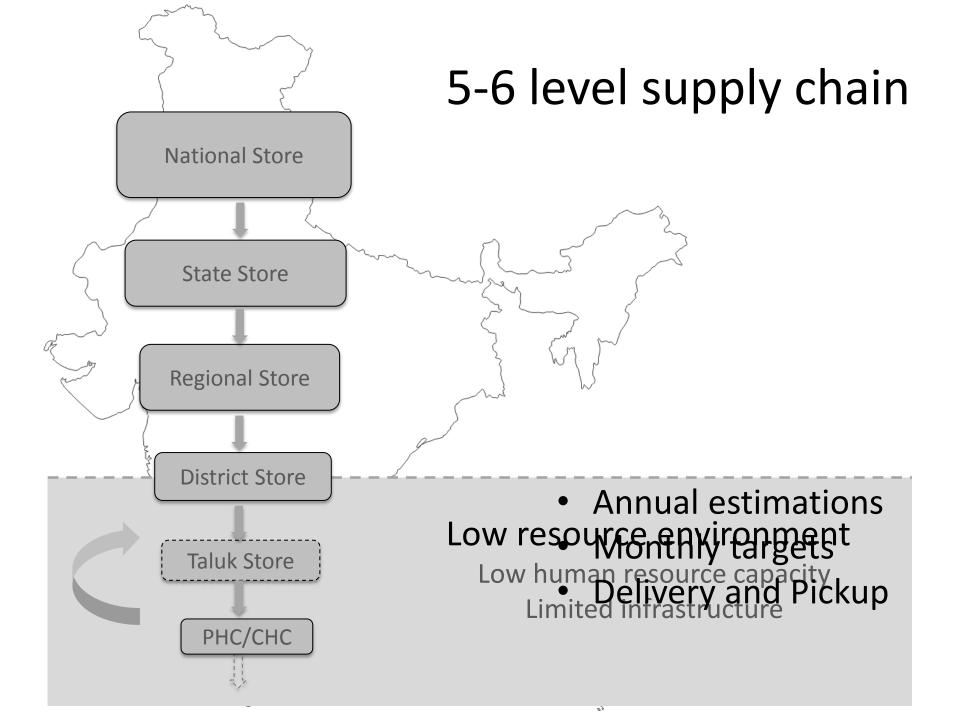


#### **Uttar Pradesh**



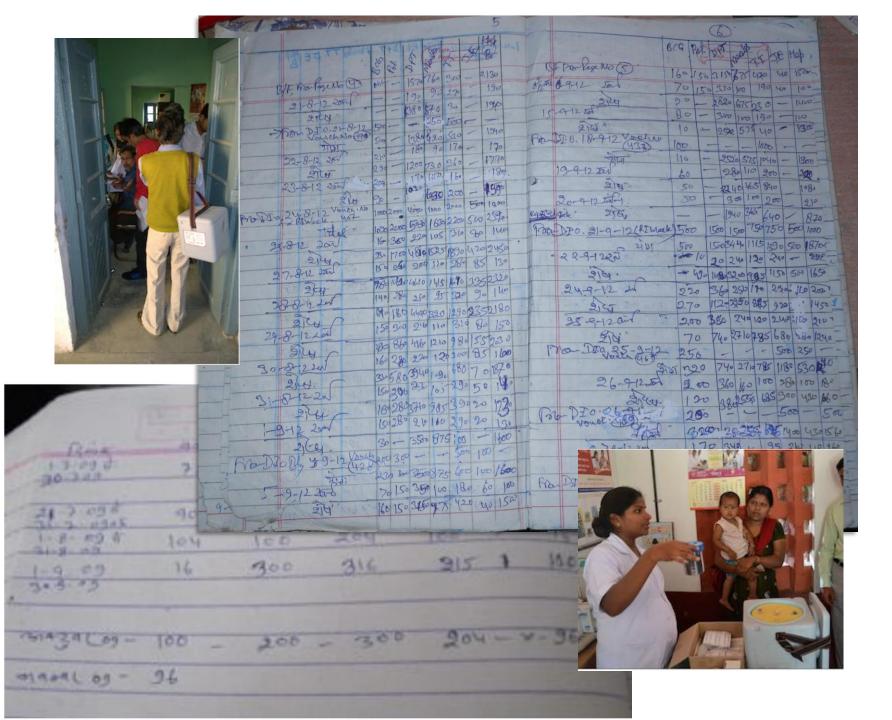
# India: Very large immunization program



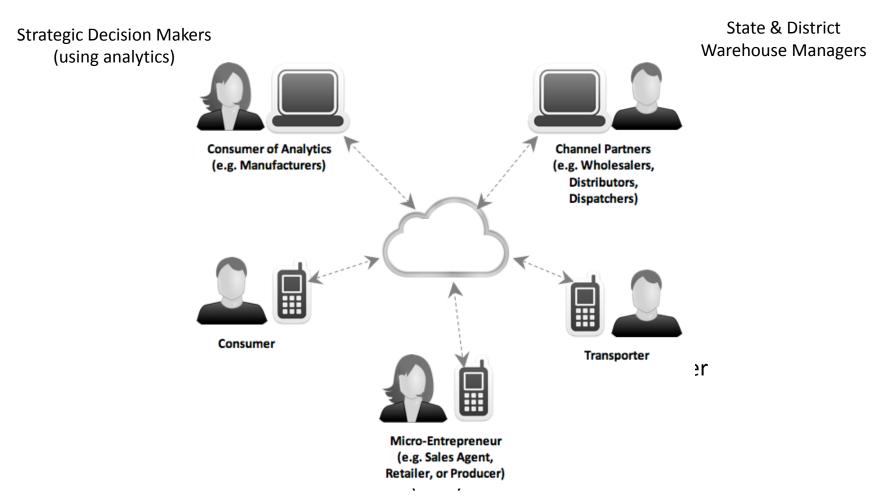


## Critical issues

- No stock visibility from last-mile
  - Little or no reporting from last mile
- Sub-optimal stocking
  - Ad hoc management practices, hoarding and last-minute requisitions
- Ad hoc supply
  - No clear basis for supplying, ad hoc transfers
- Inconsistent recording
  - Not all transactions recorded always (e.g. discards, open vials)
- Inability to audit
  - Non-standard record keeping practices



# Logistimo: Connecting the chain



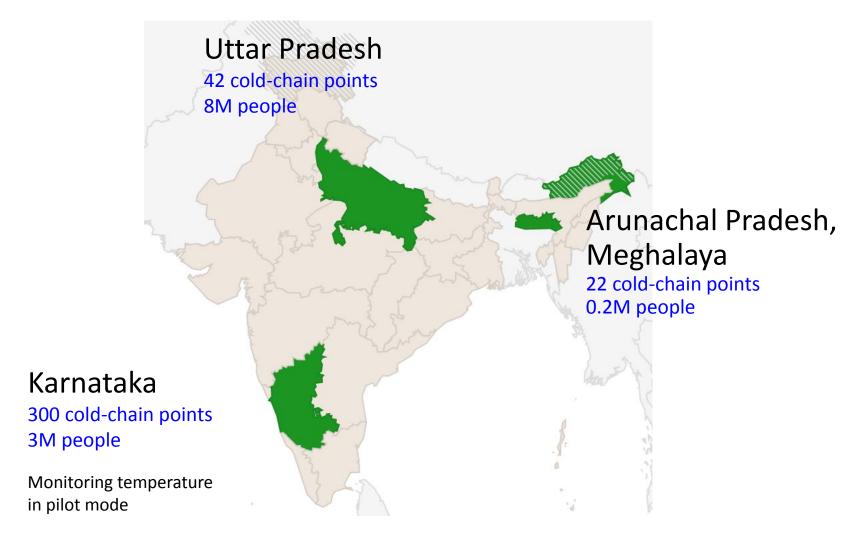
Mobile-cloud technology gives visibility into stock consumption Enables optimal decisions across the chain to ensure stock availability

## Key functionality

- Inventory management
- Order management
- Batch management
- Inventory optimization
- Workforce management
- Community management
- Notification / alerts
- Geo-tracking services
- Transport routing & scheduling
- Financial management
- Telemetry (e.g. temperature monitoring)



## Managing logistics in 4 states





## **Key Challenges**

## PHC Low human capacity

- No culture of data recording
- Lack management capacity
- Understaffed & overburdened
- Significantly lack IT skills
- 52% passed 12<sup>th</sup> grade (UP)
- 67% > 46 years (UP)
- X-ray technicians, ward boys
- Nurse handling everything
- Responsible for multiple PHCs (KA)

# District Low supervisory capacity

- Multitasking
- Poor decisions
- Capacity to act on data is low
- Lack computer skills

- Elderly store managers technology averse (UP)
- Data entry operators not always available
- Churn of personnel
- Unfamiliar with web apps.

# Limited infrastructure

- Intermittent GPRS
- No GSM signal
- Erratic power

- Connections time out frequently
- No signal at PHC
- > 50Km to nearest signal point (AP)
- < 4 hours power</p>



## **Arunachal Pradesh**



## Solution strategy

### Simplicity

### **Technology**



Easy Robust Personalized

#### **Process**



### Redundancy

#### **Devices**



#### **Human resources**



>1 trained

### **Empowerment**

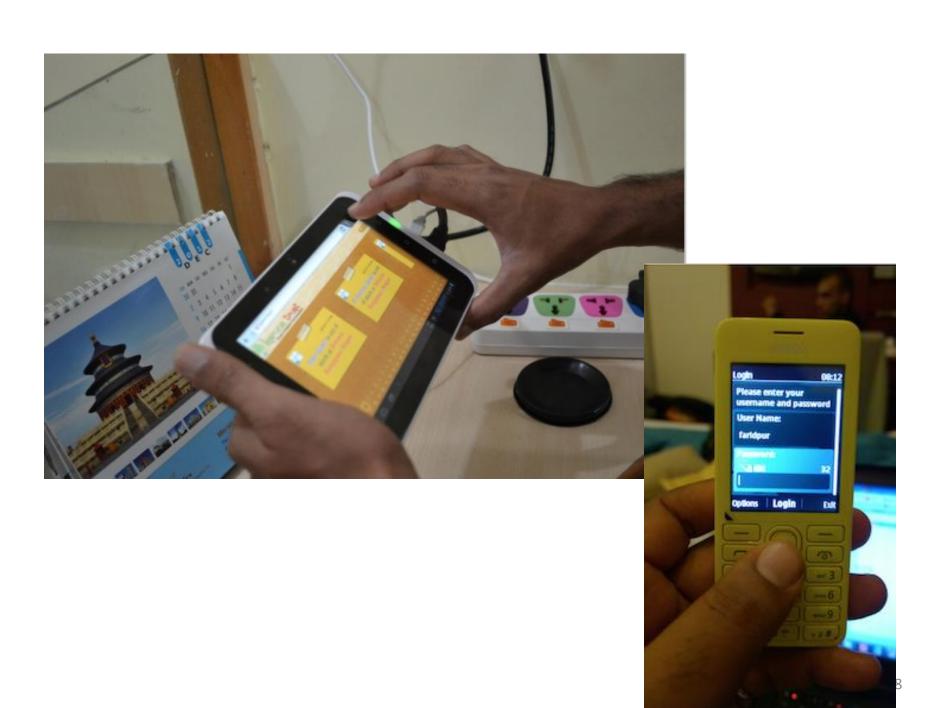
#### **PHC-level**



#### **District & above**





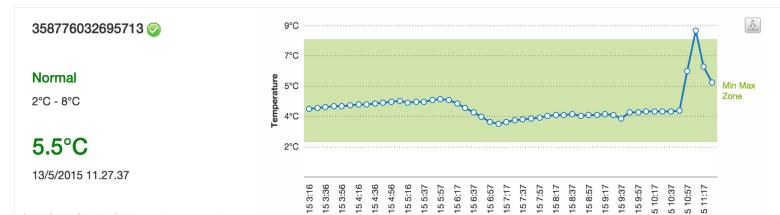


## Empowering cold-chain handlers



#### Monitor temperatures alongside stock quantity

	SI.No. Material Current stock Min. Max. Last updated														
SI.No.	Material	Current stock	Min.	Max.	Last updated										
1	BCG (dose)	50	20	100	7/5/15 12:07 PM	0									
2	DPT (dose)	200 <b>6 day(s)</b>	50	200	7/5/15 12:07 PM	0									
3	Hepatitis B (dose)	10	15	50	19/12/13 4:56 PM	O									
4	Measles (dose)	200 <b>6 day(s)</b>	30	90	7/5/15 12:07 PM	0									
5	Pentavalent (dose)	200 <b>6 day(s)</b>	50	130	7/5/15 12:07 PM	0									
6	Polio (dose)	400 <b>6 day(s)</b>	60	210	7/5/15 12:07 PM	0									
7	Rabies Vaccine (dose)	10	5	25	5/3/15 4:22 PM	O									
8	TT (dose)	200 <b>6 day(s)</b>	50	180	7/5/15 12:07 PM	0									
9	Vaccine ILR	1	0	0	13/5/15 5:24 PM										
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Temperatu	ures of Vaccine ILR of Yemalur														
35877	76032695713 📀	9°C													



# Hybrid approach to human capacity building

- Supervisory monitoring and evaluation
  - Empower supervisors with appropriate tools to monitor cold-chain handler capacity
  - Improve behavior on data entry and stock management
- Community development
  - Digital Bulletin Board to post incidents (e.g. stock outs)
     and receive solutions from anyone in the chain
  - Stronger networking for problem solving

# Robust technology for low-resource environments







#### **Service Management Middleware**









Locations



**Devices** 











'oice

## Behavior changes after intervention

- Data recording behavior improved
  - Cold-chain worker entered data in a timely and consistent manner
  - Supervisors could spot weak users and intervene quickly to build capacity
- Cold-chain handler's inventory management discipline improved
  - Awareness of low stock situations improved
  - Response time to replenish stock improved
  - Orders were placed more optimally
- Supervisor's efficiency improved
  - Supervisors could focus more on low-performing users
  - System recommendations and reports enable better decisions

## What we enabled

Coordinated logistics & Integrated channels

Catalyzed positive behavioral changes amongst cold-chain handlers

Enabled optimized & opportunistic decision support

Improved vaccine availability



## **Uttar Pradesh**



### 2 Disctricts – Bareilly and Shahjahanpur

#### 42 cold-chain points Sitarganj Khatima Rudran labad Bah Dhand Pilibhit Tiger Reserve Rampur 730A lausi Pisalpur Faridpui Gola Gokara Nath wan Budaun Dataganj lanpur Ujhani Mohammadi Kakrala Ambedkar Nagar 24 Si

Farrukhabad

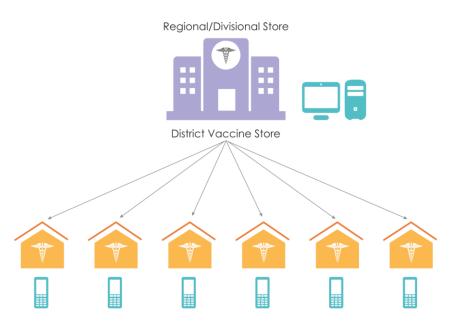
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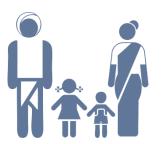
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#### 2-level supply chain



At the end of each session day, CCH enters total vaccine consumed in mobile application





7.4 million
Total Population



0.2 million

Estimated children Below 1 year age



0.24 million

Estimated Pregnant Mothers in 1 year



1 1 million

Total number of children & Pregnant mothers targeted for Immunization in 1 year

वैक्सीन वितरण रजिस्टर

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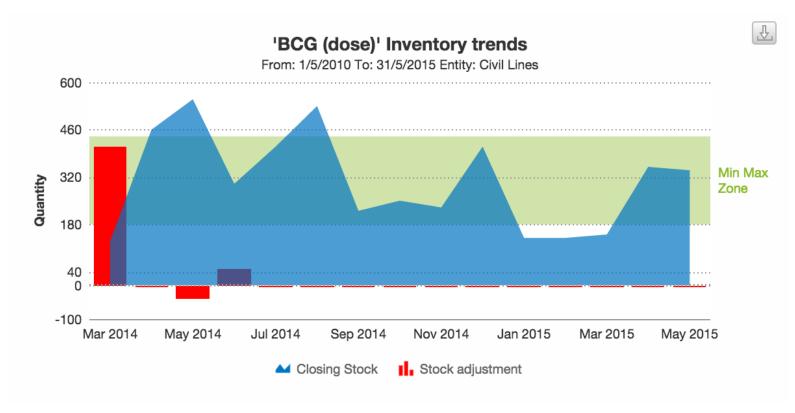
# Data for Management



## Stock view

SI.No.	Material	Current stock		Availability [weeks]	Min.	Max.	Last updated	
1	BCG (dose)	400		4.4444447	180	440	7/5/15 10:43 AM	©
2	BCG diluent (dose)	400		4.4444447	180	440	7/5/15 10:43 AM	O
3	DPT (dose)	1380		3.1363637	880	2190	6/5/15 7:20 PM	0
4	Hepatitis B (dose)	1120		3.2	700	1750	6/5/15 7:20 PM	O
5	JE diluent (dose)	695		3.8611112	360	900	6/5/15 7:20 PM	O
6	JE Vaccine (dose)	695	$\blacksquare$	3.8611112	360	900	6/5/15 7:20 PM	O
7	Measles (dose)	730		4.0555553	360	900	7/5/15 10:43 AM	O
8	Measles diluent (dose)	730		4.0555553	360	900	7/5/15 10:43 AM	O
9	OPV dropper (piece)	63		2.7391305	45	111	7/5/15 10:43 AM	©
10	tOPV (dose)	1260		2.7391305	900	2220	7/5/15 10:43 AM	O
11	TT (dose)	1490		4.806452	610	1500	7/5/15 10:43 AM	<b>©</b>

## Inventory trends



Download as CSV

# Monthly consumption

				Aug-2014	,						Jul-2014			
	BCG (dose)	DPT (dose)	Hepatitis B (dose)	JE Vaccine (dose)	Measles (dose)	tOPV (dose)	TT (dose)	BCG (dose)	DPT (dose)	Hepatitis B (dose)	JE Vaccine (dose)	Measles (dose)	tOPV (dose)	TT (dose)
Aonla	320	660	645	410	320	680	510	240	540	560	245	240	620	400
Baheri	1770	2190	2170	1480	1405	3480	2320	1870	2340	2460	1545	1550	5740	2500
Bhamora	1630	2580	1950	1165	1560	3340	2110	1670	2810	1670	1085	1480	3640	1980
Bhojipur	740	1890	2460	1095	1075	2320	1560	910	2020	2080	1000	995	4060	1460
Bithrichainpur	1470	2660	2190	1665	1665	3440	2210	1760	2990	2460	1790	1685	4400	2100
CB Ganj	650	1210	1120	545	545	1540	860	570	1160	1105	510	475	1360	870
Civil Lines	350	720	700	395	400	900	780	390	680	680	440	495	1080	770
Dalelnagar	760	2050	1940	1225	1300	2960	2110	760	2220	2220	1320	1160	2800	2340
Faridpur	1380	3700	3700	1785	1525	3460	2990	2070	4043	3100	1445	1420	4560	2930
Fatehganj West	750	1550	1640	960	940	1980	1890	920	1930	1920	1135	1125	3580	2130
Izzatnagar	460	780	870	350	380	1000	790	360	790	810	410	410	1220	690
Jagatpur	650	1610	1230	810	730	1660	1660	420	980	920	520	520	1080	830
Kunadanda	1220	1720	1470	1160	1185	2220	1700	1060	1200	1020	840	1155	3580	1200
Kyara	1480	3730	3330	1605	1605	2900	2950	1480	4780	2990	1660	1660	4580	2940
Majhganwa	2190	2520	2290	1595	1430	2740	2820	2470	4720	4290	2910	2585	6140	5110
Meerganj	780	1550	1690	1135	1325	3300	1790	760	1610	1700	960	945	3220	1850
Mudia Navi Bux	610	1680	1680	775	780	2400	1630	670	1540	5560	755	765	3420	1510
Nawabganj	1130	1890	2140	1245	1125	2320	2200	1140	2810	2370	1335	1205	3980	2170
Old City - Bareilly	760	1500	1100	715	715	1420	1260	490	860	840	440	445	1120	600
PPC Bareilly	780	1760	2010	795	695	1580	1510	790	2400	2120	730	760	1820	1590
Ramnagar	910	2360	2320	1270	1165	1100	2450	920	2550	2560	1465	1235	2500	2470
Shergarh	1410	1850	1570	1145	1145	1680	1960	2020	2350	1950	1425	1420	4480	2310
Subhash Nagar	470	950	800	500	490	920	800	480	930	930	600	550	1140	560

# Activity



# **Issue Activity**

Issues							
Date	11-Apr	12-Apr	13-Apr	14-Apr	15-Apr	16-Apr	17-Apr
Day	Sat	Sun	Mon	Tue	Wed	Thu	Fri
	30	29	28	27	26	25	24
bhawalkhera	Х					Х	
mirzapur	Х						X
nigohi	X	X				X	
kanth	X					X	
khutar	X	X			X		
dadral		X			X		X
kalan	Х				X	Х	
jaitipur	Х					Х	
shahajahpur		Х				Х	
powayan	Х					Х	
tilhar	Х				X	Х	
khudaganj	Х	Х					Х
jalalabad	Х					Х	
banda	Х					Х	
cityarea	Х				Х		
sindhuali	Х				Х	Х	

# **Detailed Activity Report**

Transactions	BCG (dose) BCG diluent (dose) DPT (dose) Hepaitis B (dose) JE Vaccine (dose) JE diluent (dose) Measles (dose) Measles diluent (dose) OPV dropper (piece) tOPV (dose) TT (dose)																																												
Ĭ		BCG f	(dose)			BCG di	diluent (	(dose)	J		DPT ·	(dose)			Hepatitis	s B (dos	;e)	,	JE Vacci	ine (dose	e)	,	JE dilue	ent (dose)			Measle:	s (dose)	ļ	Me	asles di <sup>l</sup>	luent (di	ose)	0	JPV drop	per (pie-	ce)		tOPV (	(dose)		 	TT (de	ose)	
CCP		R	S	D		R	1 5	S	D		R	S	D		R	S	D		R	S	D		R	S	D	Ι	R	S	D		R	S	D		R	S	D		R	S	D	$\square$	R	S	D
old city - bareilly	40				40					210				190				80				80				30				30				11				220				170			$\Box'$
faridpur								$\Box$																																					$\Box$ '
meerganj	80				80					180				180				90				90				90				90				19				380				180			$\Box'$
fatehgani west	20				20					280				250				100				100				80				80				27				540				250			$\Box'$
kunadanda	70				70					90				70				70				70				70				70				9				180				80			$\Box'$
nawabganj																																													$\Box$ '
shergarh	50				50					160				150				70				70				80				80				20				400				170			$\Box$ '
bithrichainpur	60				60					190				200				105				105				105				105				25				500				200			
baheri										130				190				125				125				125				125				26				520				120			
jagatpur	30				30					80				80				40				40				40				40				8				120				80			
subhash nagar	70				70					220				220				110				110				110				110				14				280				210			
aonla	30				30					50				50				25				25				25				25				4				80				40			
ramnagar	10				10					120				120				560				60				60				60				14				280				140			
bhojipur	10				10					80				90				75				75				75				75				12				240				160			
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civil lines																																													
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majhganwa	80				80				$\Box$	300				300				215				215				205				205				20				400		$\Box$	$\Box$	440			
cb ganj	50				50			$\top$	$\neg$	90				90				25				25				25				25				5				100		$\Box$	$\prod$	100			
izzatnagar	10				10			$\top$	$\neg$	90				90				40				40				40				40				5				100		$\Box$		80			
kyara	60				60					480				240				120				120				120				120				24				480				240			

- diluent/dropper value not tallying

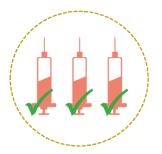
- Entered receipt of RI Vaccines

# **Impacts**



#### **EXPECTED OUTCOMES**

## IMPROVED STOCK AVAILABILITY



through better visibility and standardized procedures

## REAL TIME DATA VISIBILITY



at all cold chain points along with real time temperature monitoring

## TOOLS AND REPORTS



reports to
facilitate
decision making
in vaccine
logistics
management

## STRENGHTENED HEALTH SYSTEM



through Human Resource, Capacity Building and Leveraging technology

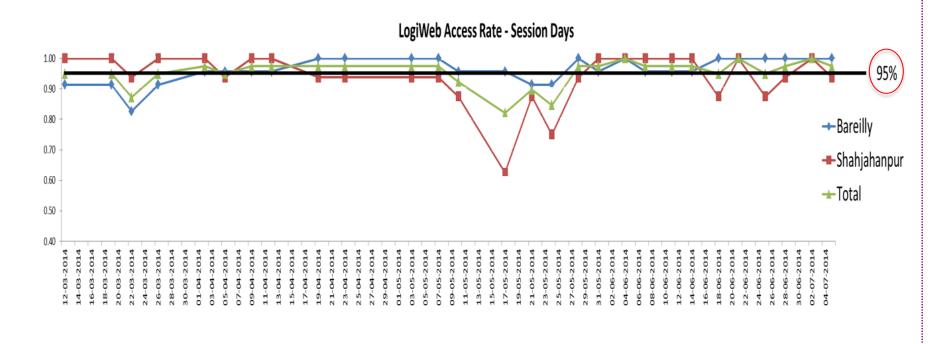
## REPLICABLE MODEL



for state/Nationwide scale up



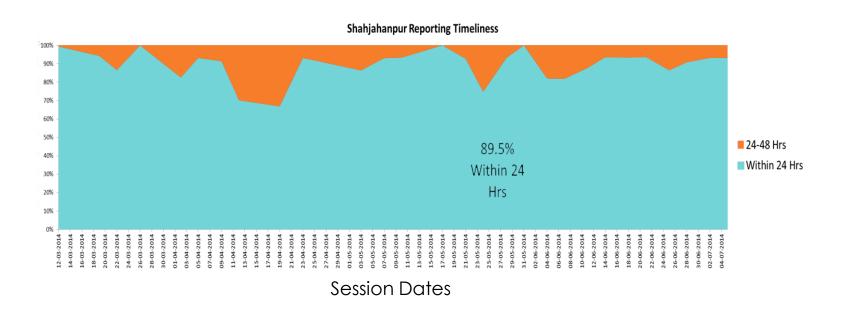
The reporting rates for both the districts – Bareilly and Shahjahanpur are seen **consistently between 80% - 90%** 



Session Dates

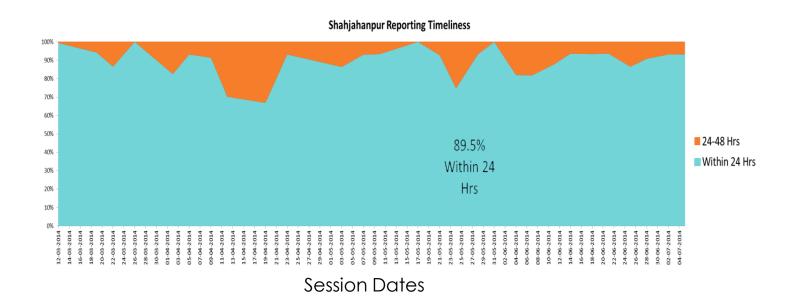


#### Is the data reported on time?



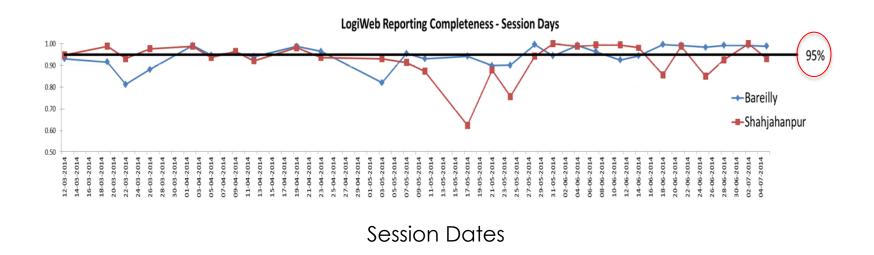


#### Is the data reported on time?





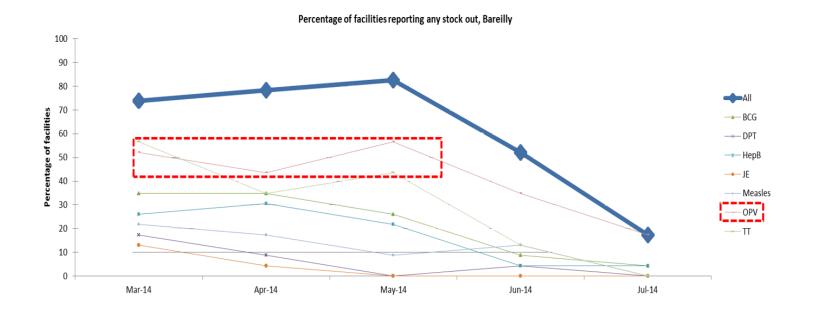
#### Is the data reported complete?



Both the districts have consistently reported **above 80%** of complete data in reporting the utilisation/ net consumption of all the vaccines, diluents and droppers

#### STOCK-OUT REPORTING RATES

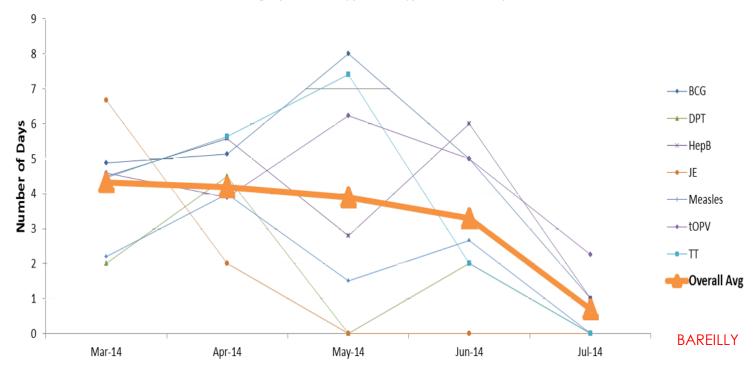
BAREILLY: 70-80% of cold chain points reported stock out in initial months which has now dropped significantly.



NO. OF DAYS OF STOCK-OUTS

The average number of days reporting stock outs per month has steadily reduced from 4 days to 1 day since the launch of eVIN

#### Avg days of stock out, per vaccine, per month - Bareilly



# Data Quality Indicators

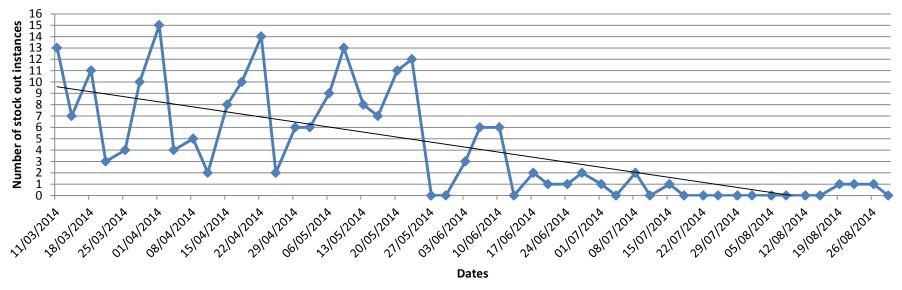
- Average Access Rate, per session day: 90%
- Average Completeness Rate, per session day:
   87%
- Average Timeliness Rate, per session day: 87%
- Data Accuracy: 82%

## Feedback from End Users

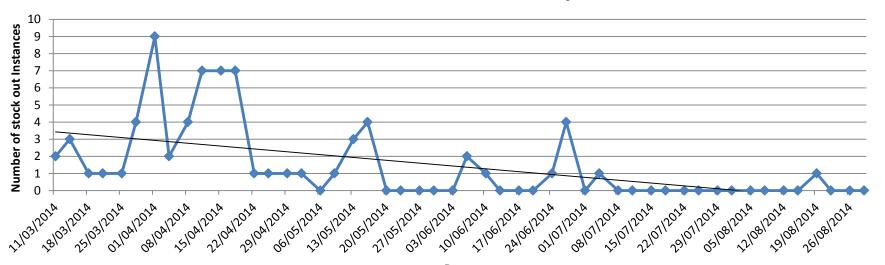
- ''When I send the message on stock, I become tension free (I feel relieved) because my data is updated. (I get to know) I have this much (available stock). I feel good that my stock is well maintained" [CCH].
- "After the implementation of eVIN, if we are in need of any data, such as how many vaccines is there with us, then we open the application and immediately we come to know about it. Earlier we used to search that on register" [CCH].
- "Good thing (about the mobile based application) is that my reporting is easy because of it. I have exact information about the vaccine stock and how much requirement I'll have" [CCH].
- "....(with the mobile based application) the work was made very easier. Actually first (in the pre-eVIN phase) I had to take the reports from here and get it for the DIO. (With eVIN application) I just (need to) click it from the phone and the report is delivered" [CCH].

## Stock Outs – first 6 months of eVIN

SKU stock out instances on session days, District 1



#### SKU stock out instances on session days, District 2





# Summary

- Low resource environments pose significant challenges to achieve data quality from the last mile
  - Simple, but robust, technology and processes are essential
- Data on both human activity and material movement are essential
  - Both human capacity and inventory have to be optimized
- People are well-intentioned and will evolve towards better performance
  - Empowerment and appropriate capacity building are important in combination
- Supervisory capacity needs to enhanced in the initial stages
  - Bandwidth and capacity to act on data need to be upgraded, with full support from District/State
- The model can scale with robust technology
  - Scale poses additional challenges, and it needs good technology address it

# Thank you

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