GLOBAL
HEALTH
SUPPLY CHAIN SUMMIT

Redesigning The Indonesian Family Planning Supply Chain:
Organization, Collaboration & Information

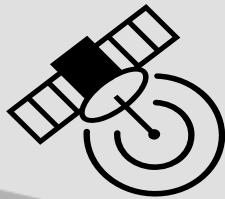**Nurfadliah Abdillah**
Ambar Mirantini

JSI Research and Training Institute, Inc

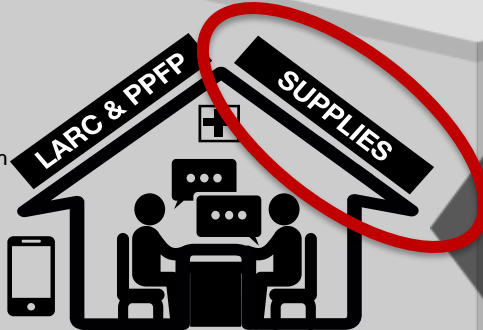# RIGHT TIME, RIGHT METHOD, MY CHOICE

Social Media creates buzz and promotes social norm around support for family choices for contraceptives.

Mass Media promote the Smartphone App and to promote FP through lifestyle and life stage choice lens.

LARC & PPFP

SUPPLIES

ABPK

Provider Apps promotes Post Partum Family Planning in the designated facilities.

Advocacy Materials will be developed as part as evidence based advocacy activities to leverage support and resources.

Consumer Apps provides information on FP, self counselling, calendars for FP method specific reminder and child immunization as well as life planning simulation.

Motivator's Tab provides the main FP promotional and counselling materials in multimedia form.

FP Champions & Advocates

Motivators, Cadres & PLKB

SUPPLY CHAIN IMPROVEMENT PROCESS

NOVEMBER 2015

Design system strengthening solutions

APRIL 2016 JANUARY 2018

Impact evaluation; identify successes for scale up

2018-2019

Baseline assessment. Identify bottlenecks and needs

FEBRUARY 2016

Implement, monitor and make course correction if needed

FEBRUARY 2018

Scale up to other districts

A strong and dynamic supply chain system that enables all people to have consistent access to a full range of contraceptive methods
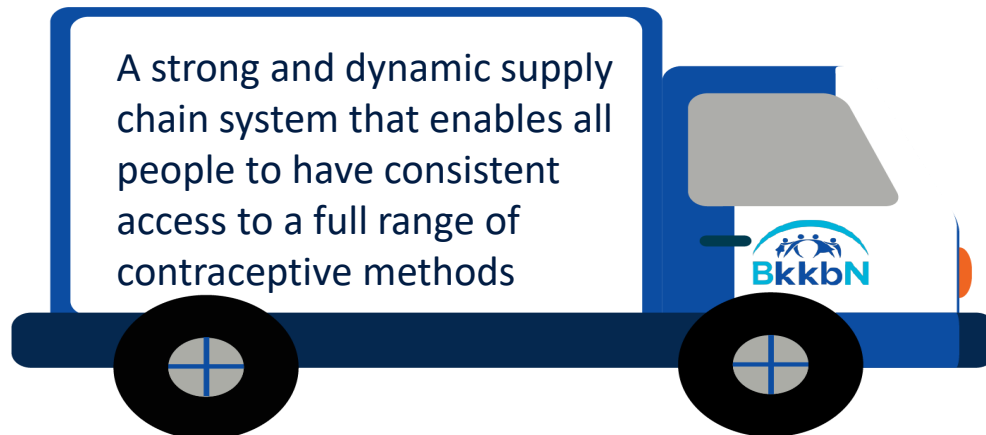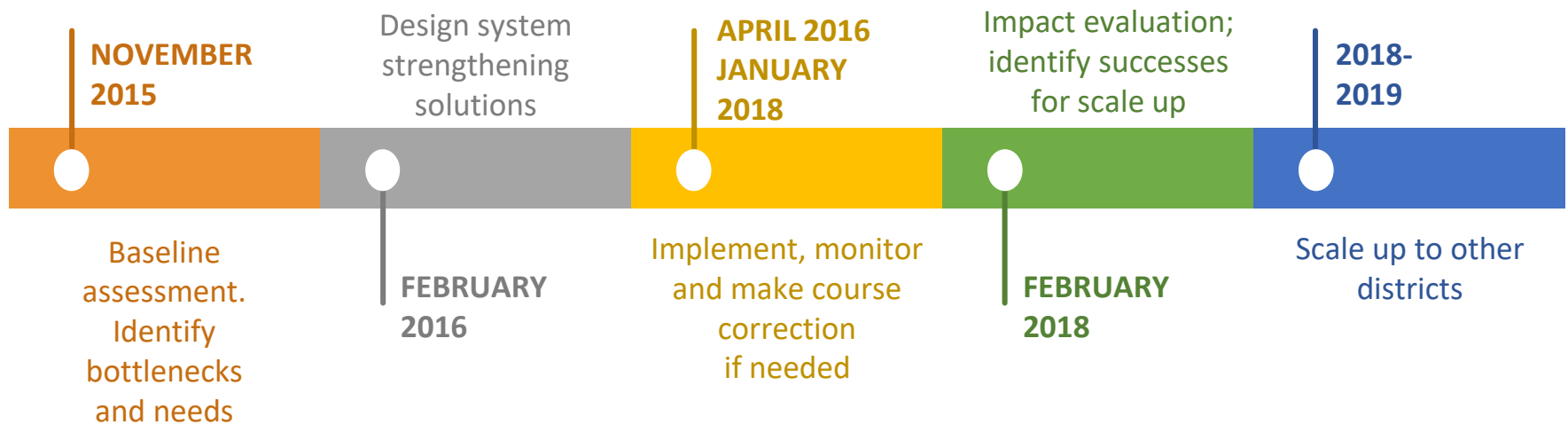
BkkbN

BASELINE ASSESSMENT – GAP ANALYSIS

Inventory Management

Use of service targets to make resupply decisions and an inadequate inventory control system resulting in stock imbalances.

Logistics Management Information Systems

BKKBN has a robust electronic LMIS but poor record management at SDPs compromises quality and limits use of the data.

Communication and Collaboration

Supply chain functions cut across multiple divisions and levels with minimal communication and coordination resulting in inefficiencies within the supply chain.

Organizational Capacity

The FP program lacked standardized processes and a mechanism for routine monitoring and supervision of the supply chain. High staff turnover made capacity building challenging.

CORE INTERVENTION THEMES

ORGANIZATION

- Standardize processes
- Define roles
- Increase commitment

INFORMATION

- Routine quality logistics data
- SCM monitoring
- KPI tracking

- Jobs aids
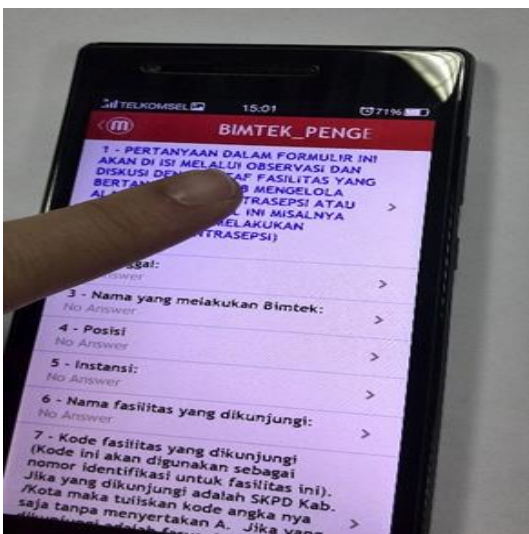- Mentorship
- Feedback
- Recognition

COLLABORATION

- Empower multi level/ division collaboration
- Build a pool of mentors

Standardized Processes for Inventory Management

• **Dynamic:** Consumption based resupply

• **Responsive:** Emergency order
and reallocation points

• **Efficient:** Staggered distribution schedules

User Friendly Tools and Job Aids

• **Simplified:** Excel-based Inventory Management and Monitoring (MIM) tool

• **Accessible:** Video-based tutorials

• **Low Cost:** Mobile-based monitoring tool

COLLABORATION: MENTORSHIP & TRAINING

Knowledge transfer: routine mentorship and on-the job training (OJT) complements classroom training

Compliance: quality assurance & accountability

Feedback and Teamwork: recommendations, recognition, participatory decision making

Data from Monitoring: monitoring provides non-LMIS data – storage and stock card use

Communication: WhatsApp groups used for reminders, requests and knowledge sharing

COLLABORATION: QUALITY IMPROVEMENT TEAMS

Connects Across Divisions & Levels: Routine meetings are conducted that include stakeholders across divisions and levels of the health system

Strengthens Coordination and Cooperation: aligns expectations; collective problem solving & joint implementation of SCM interventions

Improves Performance: continuous supply chain improvement processes introduced
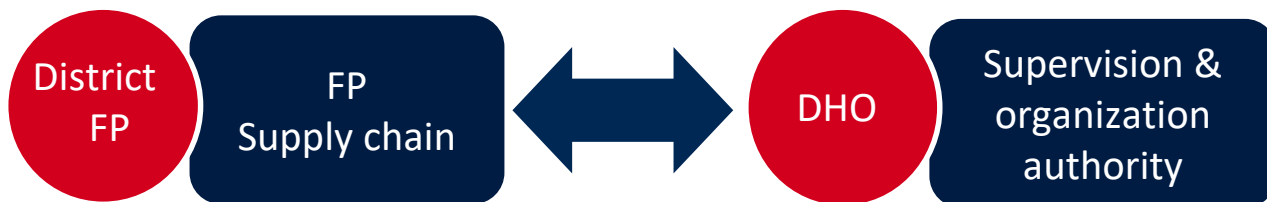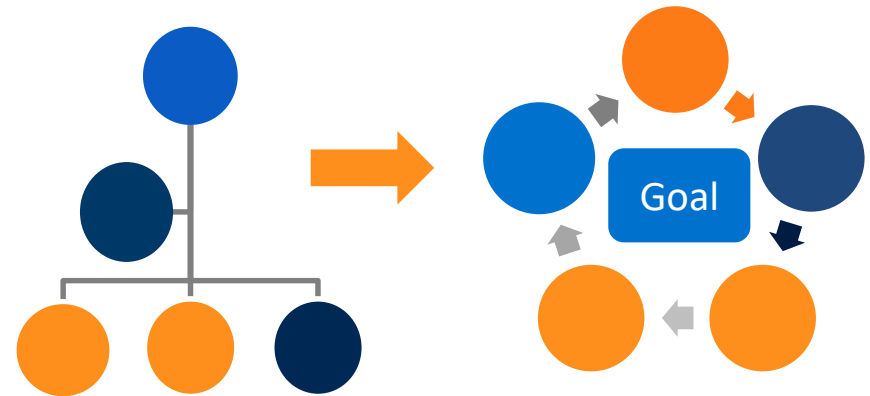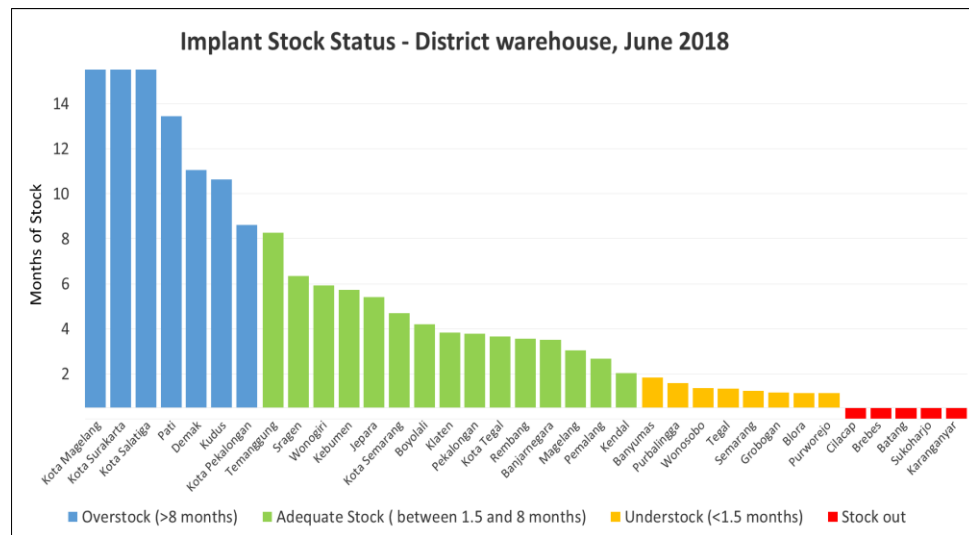
INFORMATION: DATA FLOW AND USE

Data visibility: User friendly dashboards for eLMIS data and mentor data

Performance Monitoring: KPIs with annual targets that QI teams use to monitor performance.

Implant Stock Status - District warehouse, June 2018

| Target achieved | | | Target not achieved | |

District Tally Sheet					Month			
Category	Indicator	Source	Product	Target	Jan-17	Feb-17	Mar-17	Apr-17
Product Availability	% of SDPs stocked out, by method	BKKBN e-LMIS	IUD	15%	6%	7%	9%	6%
			Condom	5%	6%	9%	6%	0%
			Pill	20%	10%	4%	4%	0%
			Injectable	20%	2%	4%	2%	0%
			Implant	40%	12%	6%	11%	9%
	% of SDPS stocked out of any method	BKKBN e-LMIS		15%	35%	19%	26%	15%
			IUD	50%	44%	28%	43%	50%
			Condom	100%	59%	47%	47%	70%

Are we making an impact?

EVALUATION RESULTS

EVALUATION METHODOLOGY

Baseline and Endline Quantitative Surveys

Sample Size

Data collection methods

- Interviews
- Physical count
- Review of records and reports
- Observations of storage conditions

Facility type	Baseline	Endline
Primary Health Care (Puskesmas)	217	231
Private Facilities	91	84
Public/Private Hospitals	33	43
District Warehouses	11	11
Provincial Warehouses	4	4
Total	**356**	**373**

Qualitative Group Discussions

Qualitative workshops with Province and District Stakeholders

- Data Validation, Identify Strengths, and Challenges, Sustainability

Routine Data Analysis

Review monthly reports

- Warehouse and Health facility monthly eLMIS reports
- Mentorship visit reports
- Comparison of eLMIS data from project districts with non-intervention districts
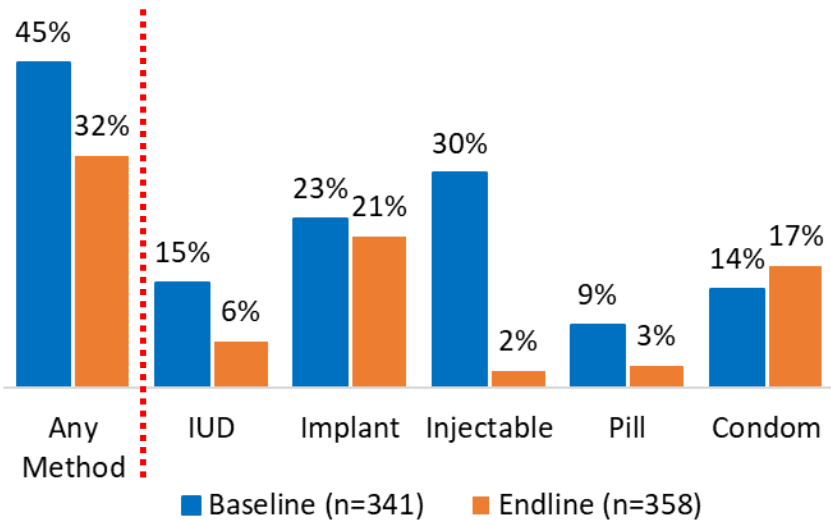
IMPROVED PRODUCT AVAILABILITY AT SDPs

47%
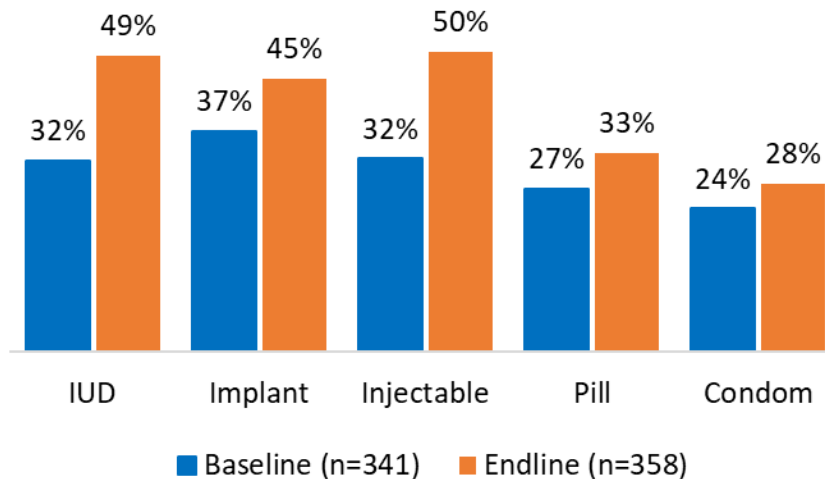DECREASE in number of SDPs STOCKED OUT*

37%
INCREASE in number of SDPs ADEQUATELY STOCKED*

(Between 0.5 and 5 months)

% of SDPs STOCKED OUT

	Baseline (n=341)	Endline (n=358)
Any Method	45%	32%
IUD	15%	6%
Implant	23%	21%
Injectable	30%	2%
Pill	9%	3%
Condom	14%	17%

% of SDPs ADEQUATELY STOCKED (0.5 to 5 months)

	Baseline (n=341)	Endline (n=358)
IUD	32%	49%
Implant	37%	45%
Injectable	32%	50%
Pill	27%	33%
Condom	24%	28%

STOCK IMBALANCES DECREASED

15%
fewer SDPs
stocked out

21%
more SDPs
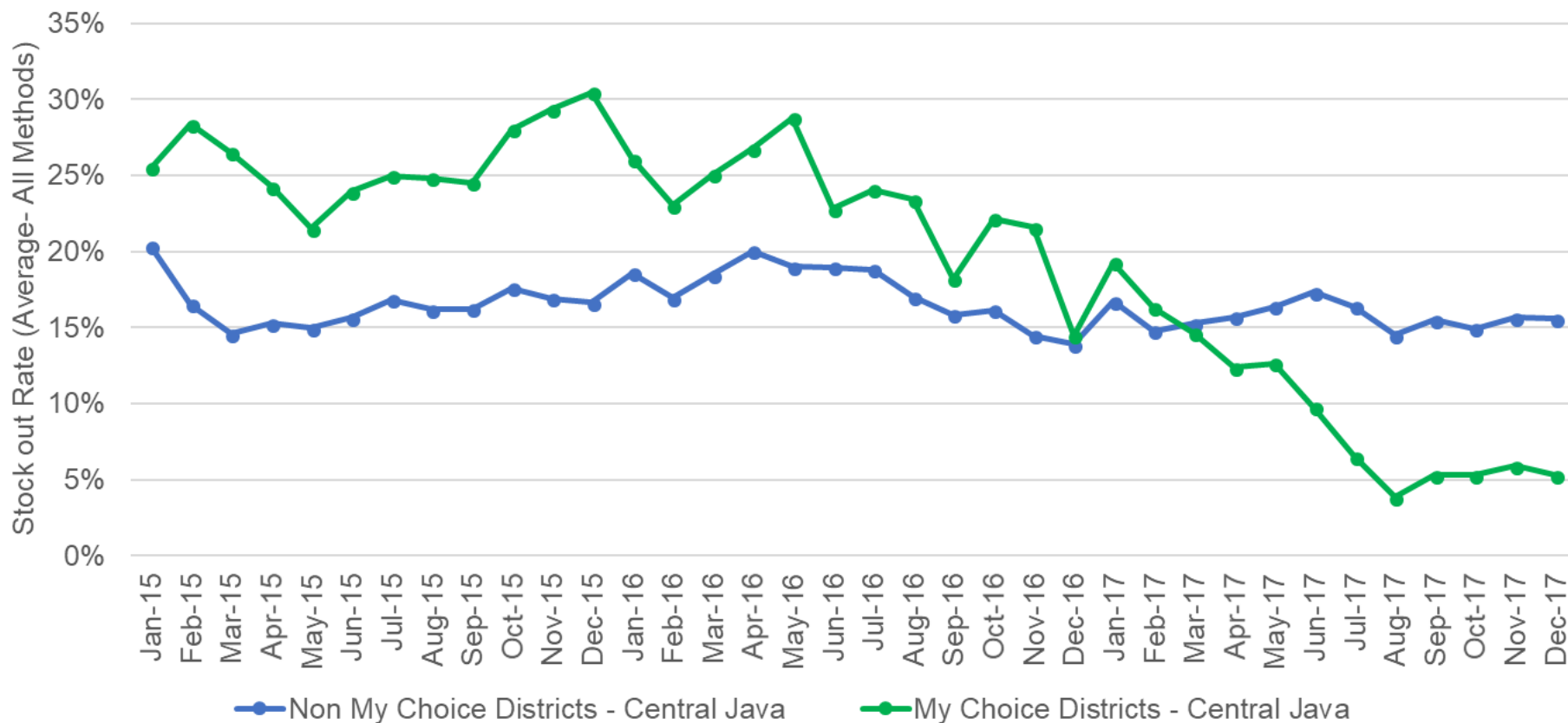with adequate stock

Average Stock Status at SDPs for all methods

	Rest of the country 2015	Rest of the country 2017	My Choice districts 2015	My Choice districts 2017
Over stock (> 5 months)	37%	38%	39%	37%
Adequate Stock (0.5 and 5 months)	28%	29%	28%	35%
Under stock (< 0.5 months)	7%	7%	6%	5%
Stock out	28%	27%	26%	23%
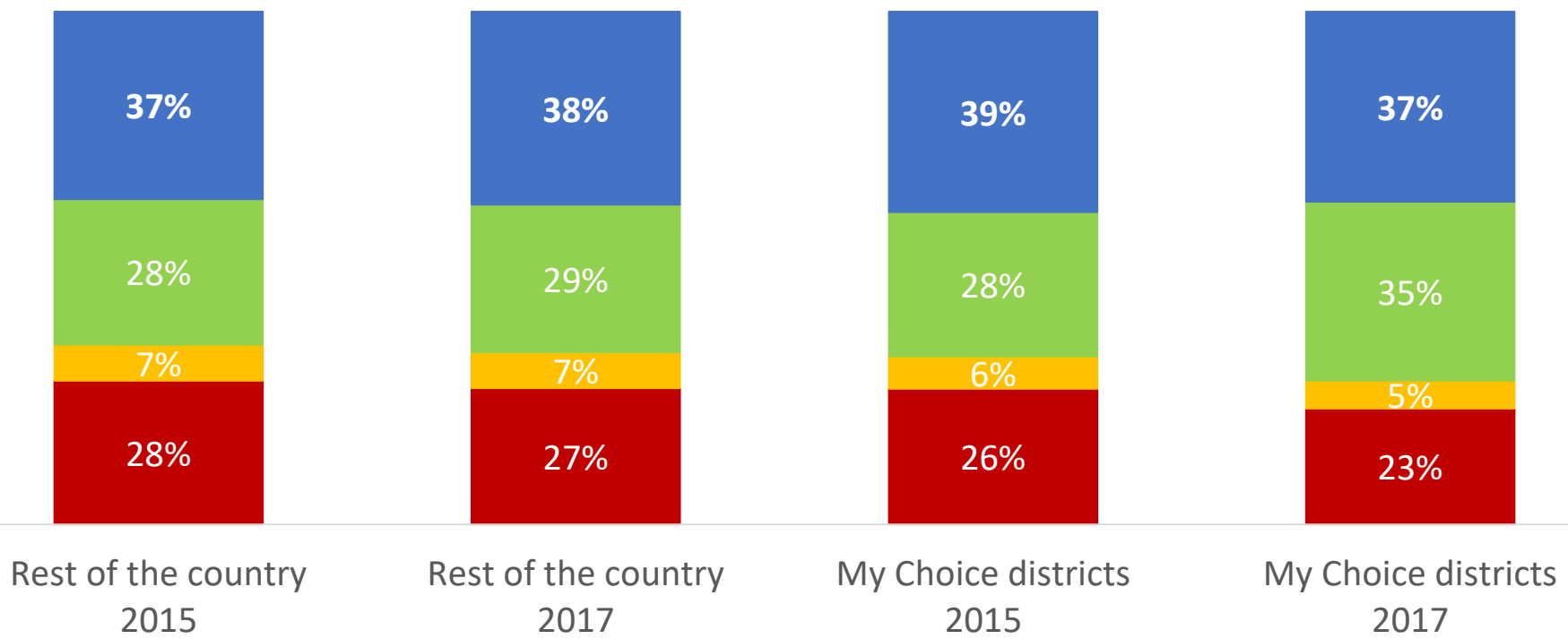
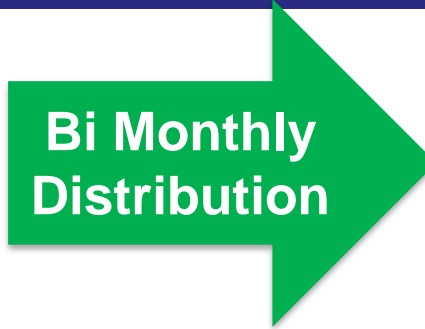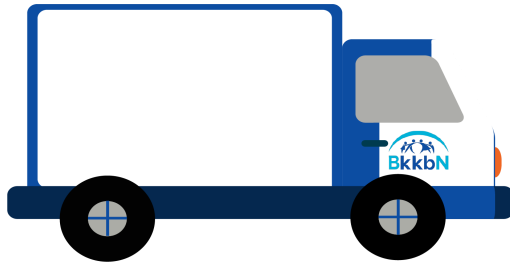■ Stock out ■ Under stock (< 0.5 months) ■ Adequate Stock (0.5 and 5 months) ■ Over stock (> 5 months)

REDUCED STOCK OUTS

% of SDPs Stocked out – **CENTRAL JAVA**

DISTRIBUTION SCHEDULE REDUCED STOCK OUTS

Bi Monthly Distribution

Delivery Frequency vs. Stock out Rates

Legend: ■ Every 2 months ■ More than 2 months

Categories: Any Method, IUD, Implant, Injectable, Pill, Condom
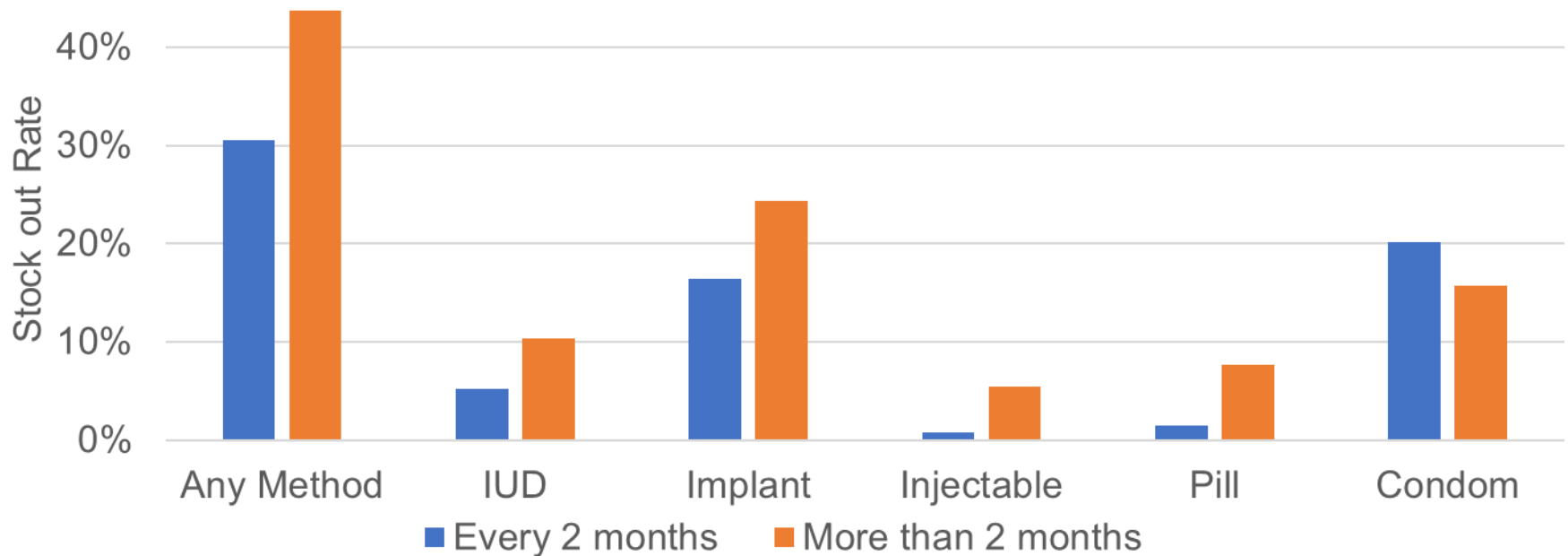
IMPROVED RECORDKEEPING REDUCED STOCK OUTS

Accurate Records + **Accurate Reports** = **Informed Resupply**

Logistics Record Use vs. Stockout rate

Stock out Rate

- Pill
- IUD
- Injectable
- Implant
- Condom

■ SDPs with stock cards (all methods)
■ SDPs without stock cards (all methods)
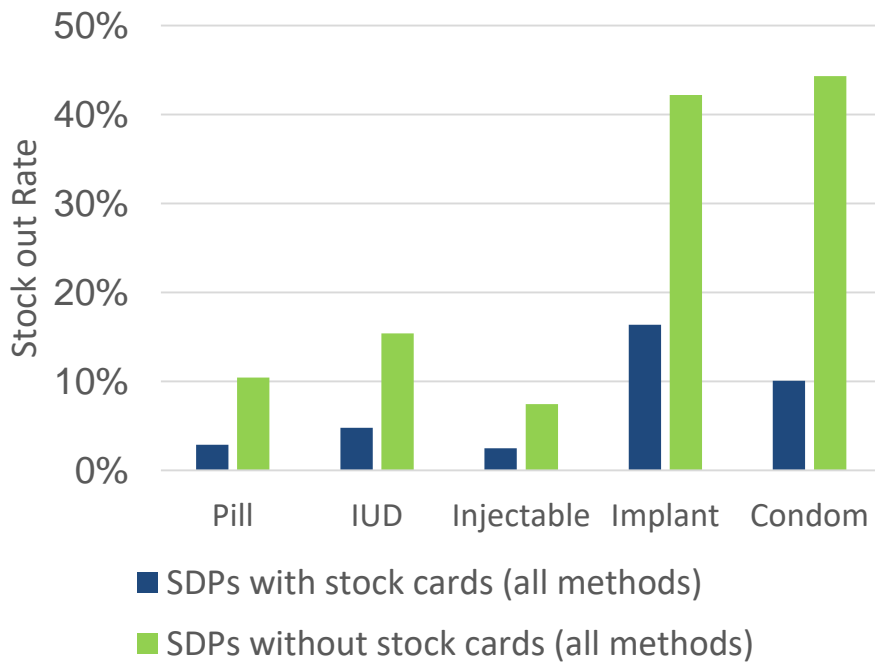
Logistics Record Accuracy vs. Stockout rate

Stock out rate

- Pill
- IUD
- Injectable
- Implant
- Condom

■ SDPs with accurate stock cards (all methods)
■ SDPs without accurate stock cards (all methods)
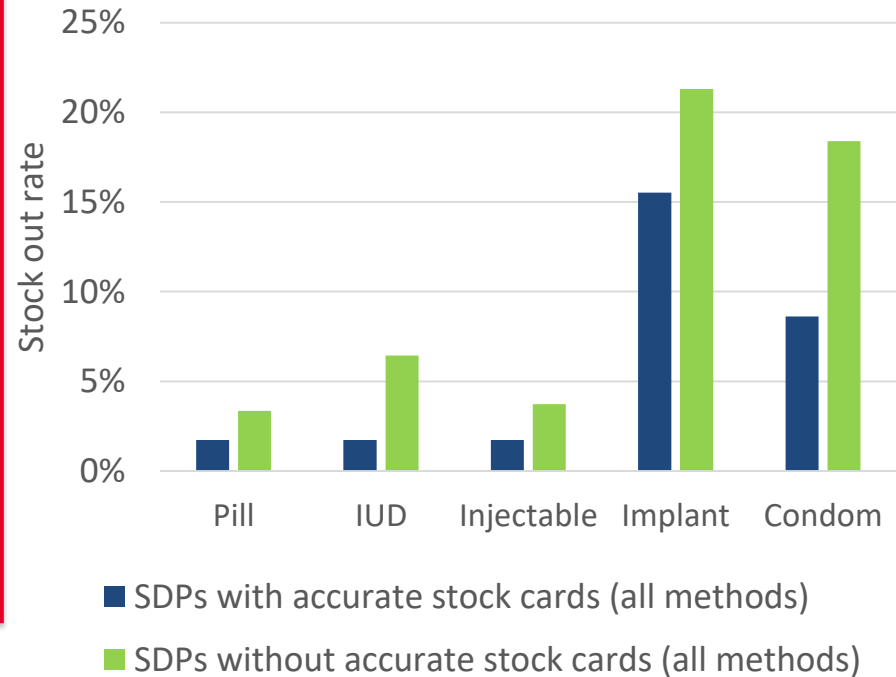
ROUTINE MENTORSHIP IMPROVED DATA QUALITY

"The Mentorship and On-the-job training program …… inform facilities about the importance of maintaining accurate records. Now health facilities are consistently conducting physical stock count at the end of each month."
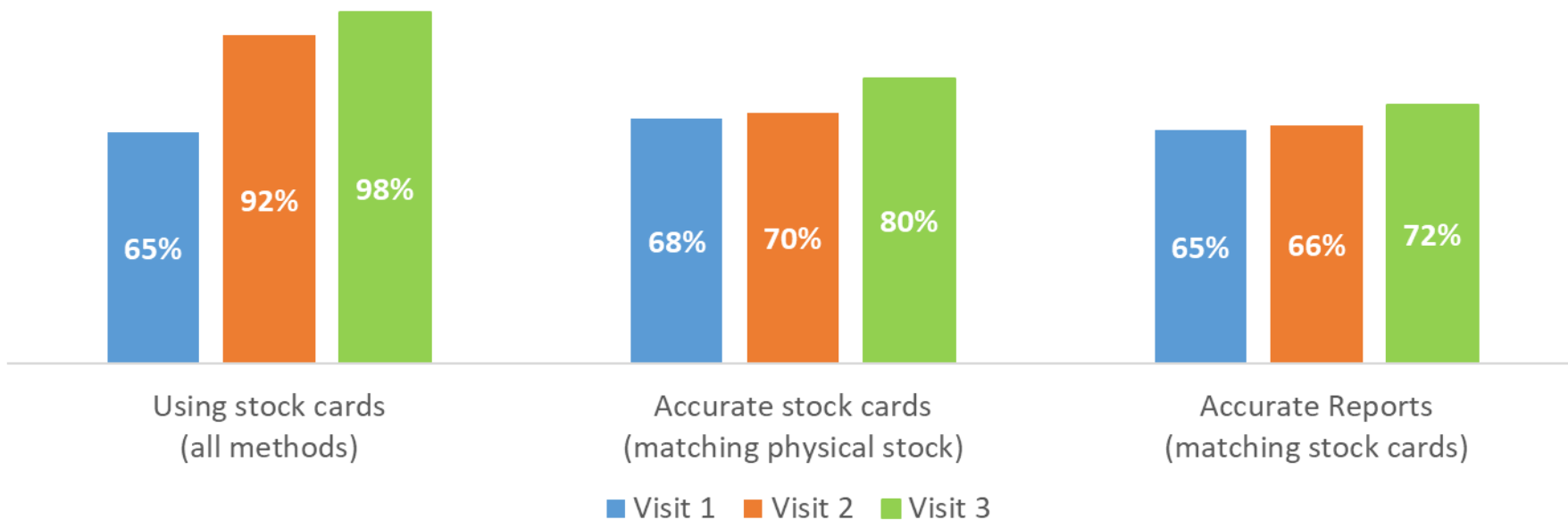
—HEAD OF FP PROGRAM & FINANCE DIVISION, BREBES DISTRICT, CENTRAL JAVA

Impact of routine mentor visits on SDP logistic records & reports

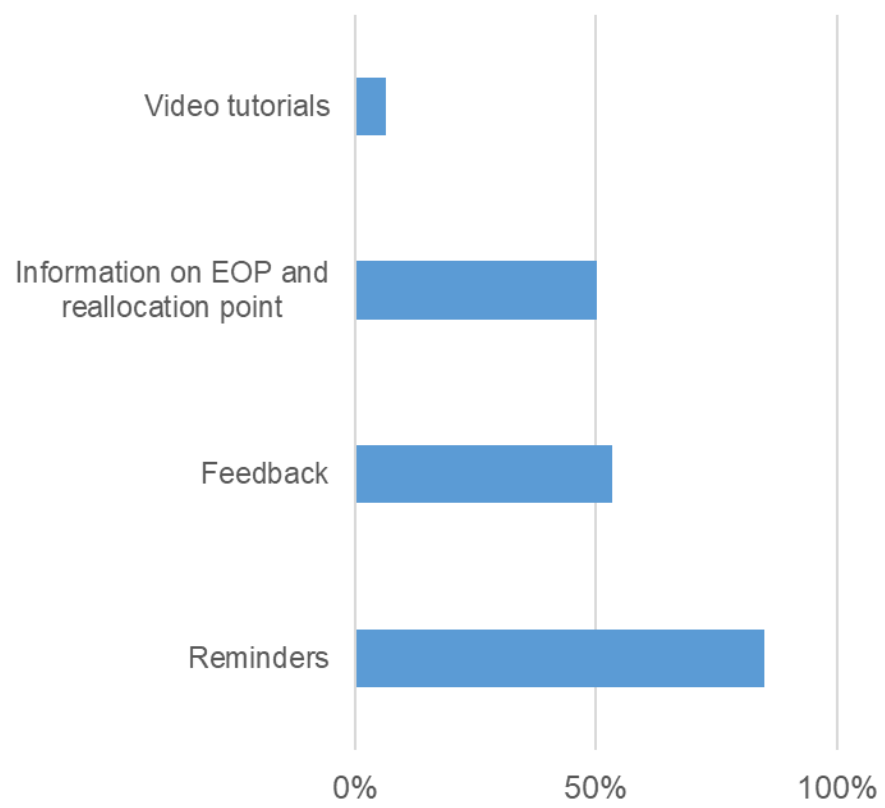|	Using stock cards (all methods)	Accurate stock cards (matching physical stock)	Accurate Reports (matching stock cards)
Visit 1	65%	68%	65%
Visit 2	92%	70%	66%
Visit 3	98%	80%	72%

■ Visit 1   ■ Visit 2   ■ Visit 3

WHATSAPP IMPROVED COMMUNICATION

58% of SDPs surveyed are members of a WhatsApp group

Types of information **RECEIVED** through WhatsApp groups

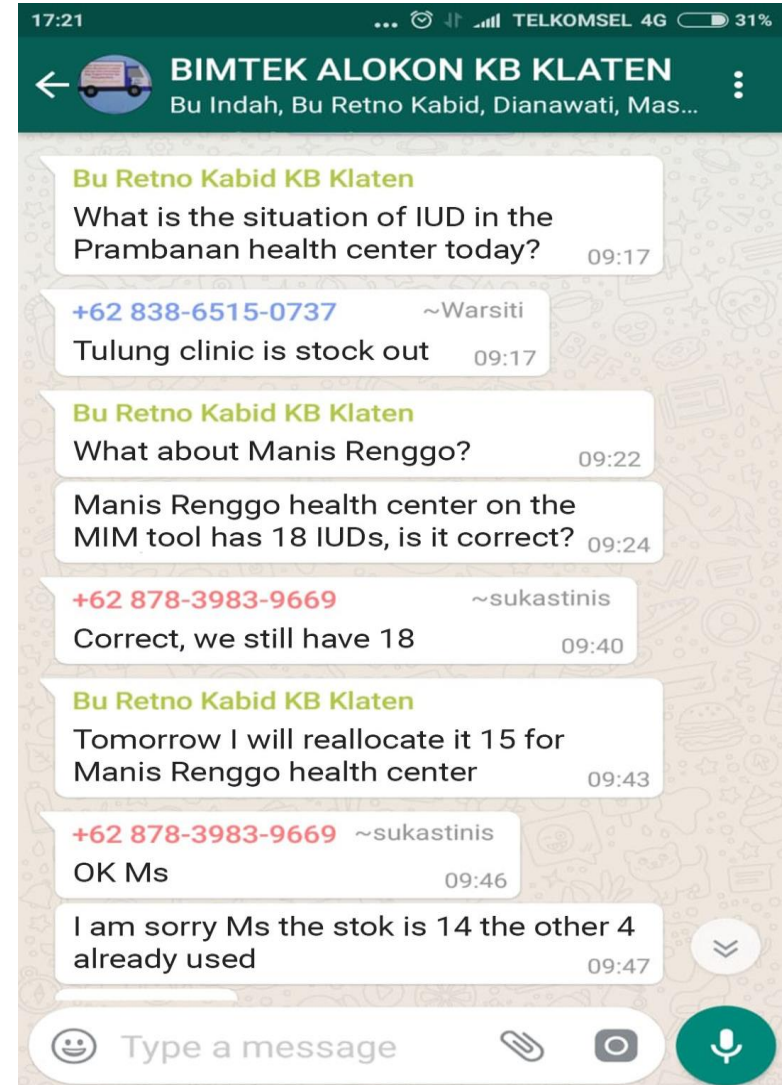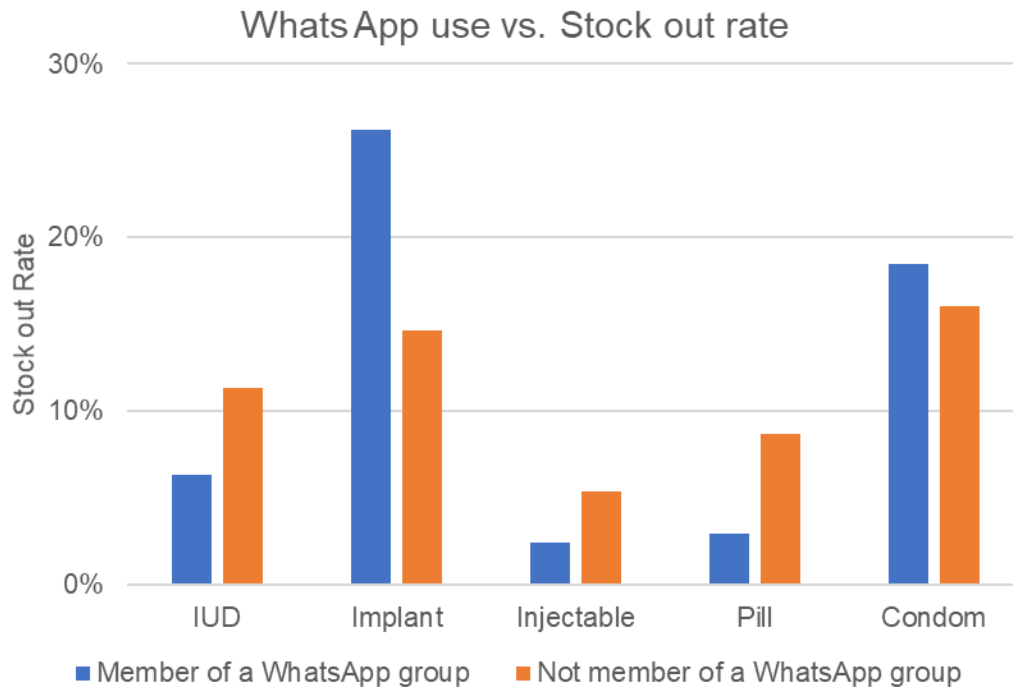Types of information **SENT** through WhatsApp groups
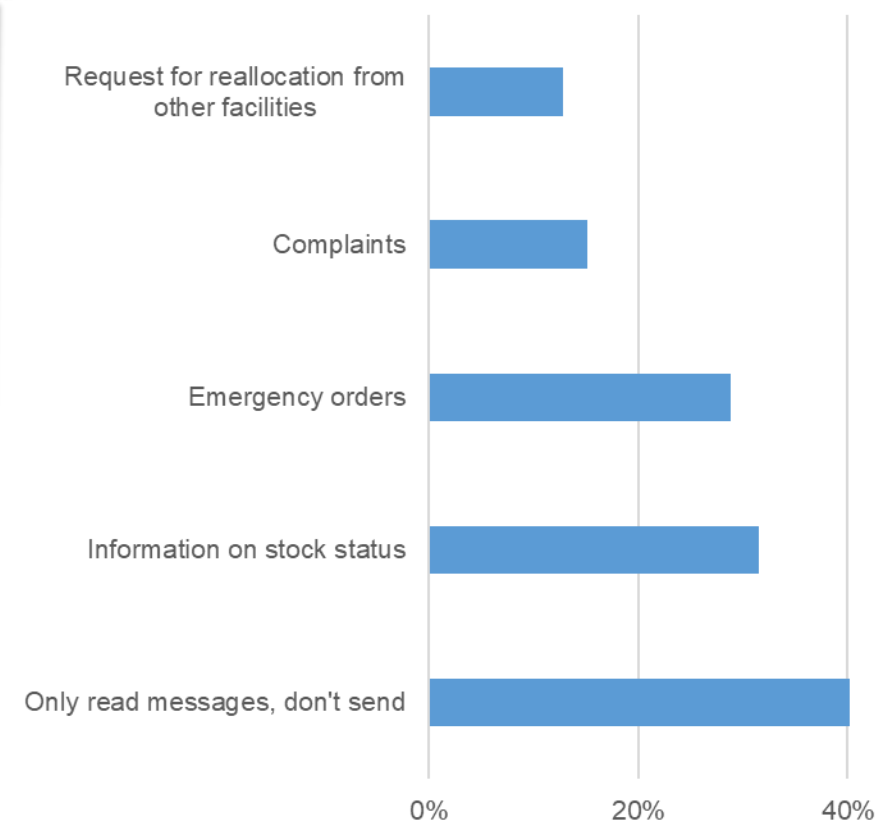
WHATSAPP USE FOSTERED COLLABORATION

Endline results showed a mixed relationship between WhatsApp usage and improved stock availability.

WhatsApp use vs. Stock out rate

Stock out Rate (y-axis): 0%, 10%, 20%, 30%

Categories: IUD, Implant, Injectable, Pill, Condom

■ Member of a WhatsApp group ■ Not member of a WhatsApp group

17:21 ... TELKOMSEL 4G 31%

BIMTEK ALOKON KB KLATEN
Bu Indah, Bu Retno Kabid, Dianawati, Mas...

Bu Retno Kabid KB Klaten
What is the situation of IUD in the Prambanan health center today? 09:17

+62 838-6515-0737 ~Warsiti
Tulung clinic is stock out 09:17

Bu Retno Kabid KB Klaten
What about Manis Renggo? 09:22

Manis Renggo health center on the MIM tool has 18 IUDs, is it correct? 09:24

+62 878-3983-9669 ~sukastinis
Correct, we still have 18 09:40

Bu Retno Kabid KB Klaten
Tomorrow I will reallocate it 15 for Manis Renggo health center 09:43

+62 878-3983-9669 ~sukastinis
OK Ms 09:46

I am sorry Ms the stok is 14 the other 4 already used 09:47

Type a message

QITs IMPROVED CAPACITY AND COORDINATION

Poor Data Quality: QIT team discovered that several SDP's had expired stock and were including it in their reports and took corrective action.

Overstocking: SDP's with over stock (above the reallocation point) identified and the district facilitated redistribution procedures.

Improved Capacity: QITs increased the capacity of stakeholders to analyze and interpret data using the inventory management tools.

Increased Budget: Province's increased their budget for SCM related activities as a result of QITs and project results

Enhanced Value for SC: Increased levels of participation in QITs enhanced the value of SC for family planning across divisions

Quantification: Strengthening methodologies and tools to improve forecast accuracy and supply planning

Supply Chain Guidelines: Improving guidelines and SOPs, building on the successes and lessons learned from the implementation in the pilot regions

Training Design: Curriculum development and building capacity of trainers.

Warehouse Management: Digitizing warehouse management practices

Performance Monitoring: Developing a supply chain dashboard to improve logistics data visibility and use

Procurement delays and procurement policy at central level.

Poor adherence of the SOP by some local stakeholders

Low priority of family planning at local government level

Lack of adequate storage infrastructure at district and SDP level

High staff turnover

CONCLUSIONS: ADOPTION AND SUSTAINABILITY

Familiar platforms: user friendly - Excel based tools

Free user friendly mobile tools: leveraging high smartphone penetration

Cost effective: interventions can be embedded within existing activities e.g. supportive supervision with distribution

Motivation feedback and recognition

Governance clearly defined roles and responsibilities

Joint ownership multi level collaboration towards a common goal

Thanks to our generous sponsors

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