



THE INACEWS SYSTEM: An Innovative Approach to Avoid Contraceptive Stockouts in Indonesia

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PROJECT SUMMARY

Background

The Government of Indonesia has a strong political commitment to achieve universal health coverage by 2019. The program will cover all Indonesians, reaching approximately 250 million. Family planning services are integrated in this scheme; more than 53,000 health facilities will be provided with the widest possible range of contraceptive methods.

Objective

A study conducted by National Population and Family Planning Board (NPFPPB/BKKBN) and United Nations Populations Fund (UNFPA) in 2013 calls for significant improvements in contraceptive distribution to further reduce stockouts. The biggest challenge is how to re-position data and information on family planning services and contraceptive stocks at the center of daily operations and management.

Program intervention

1. Project area & organizational structure

The Indonesia-Contraceptive Early Warning System (INA CEWS) program includes a friendly application that was piloted in 2015-2016 at Sambas District-West Kalimantan. The program involves central and province NPFPPB, District Family Planning Office (DFPO) and 10 selected SDPs. It covers 5 sub-districts, 68 villages, and 22,000 eligible couples. Systematic task forces are formed at all levels to prevent any possible interruption in the supply of contraceptives during the period of the project to ensure the flow of data and information is properly maintained for operational decisions.

2. Legal basis

To ensure sustainability of the program in decentralized system, building a sense of ownership and sharing interest are important to gain commitment and necessary resource allocation.

3. Baseline, target & innovation

- The baseline done in February 2016 using the stockout rate of each contraceptives (pill, injectable, implant, IUD, and condom) as indicator;
- The target of the project is to reduce the stockout rates by 20% for each contraceptive by the end of 2016;
- The innovation designs SDP's mobile based reporting application- and the server at the DFPO. The information received will reads and generates a stock status in three consecutive level: **Standby**, **Alert** and **Emergency**. The stock status will triggers siren and a sound indicator that warns the DFPO accordingly.

SUMMARIZE MAIN QUESTIONS AND RESULTS

Main Questions

- Is the Government of Indonesia (NPFPPB) ready to provide the best quality of family planning services to its people, particularly to all beneficiaries of the national health insurance program, by ensuring the availability of contraceptives at all times?
- How does NPFPPB collaborate with the local government (DFPO) to ensure uninterrupted supplies to the SDPs?

Results

Indonesia has one of the world's oldest and most mature family planning (FP) programs, it was officially established in 1970. Since then NPFPPB has a long history and rich experience in managing contraceptives and sharing responsibility with local governments. The implementation of the national health insurance program since 2014 and the implementation of decentralized system for FP since 2001 put the stakeholders at each level to be the key players in the logistic cycle. One of essential components, is to have a real time logistic management and information system that bridge information across all other logistics activities. The innovative approach to have a contraceptive early warning system appears to be promising and thus needs to be integrated in the existing system.

APPROACHES

The apps utilizes data that enters to the system on family planning services and contraceptive stocks monthly by SDP to the district. This enable the district to be aware of the real time status of contraceptives in the SDPs and to be alerted if needed. The apps is able to use the average monthly consumption data based on data that entered and provide information of the stock status and accurately visualize the geographic location of the SDP, and calculate resupply quantities for each products. More over it also allow confirmation between the SDP and district to confirm the quantity that is planned to be distributed.

The design of the program provides a convincing assumption that it will gain an appropriate commitment from stakeholders at each level. There are certainly challenges to the introduction of the project which have been identified and properly addressed.

RESULTS

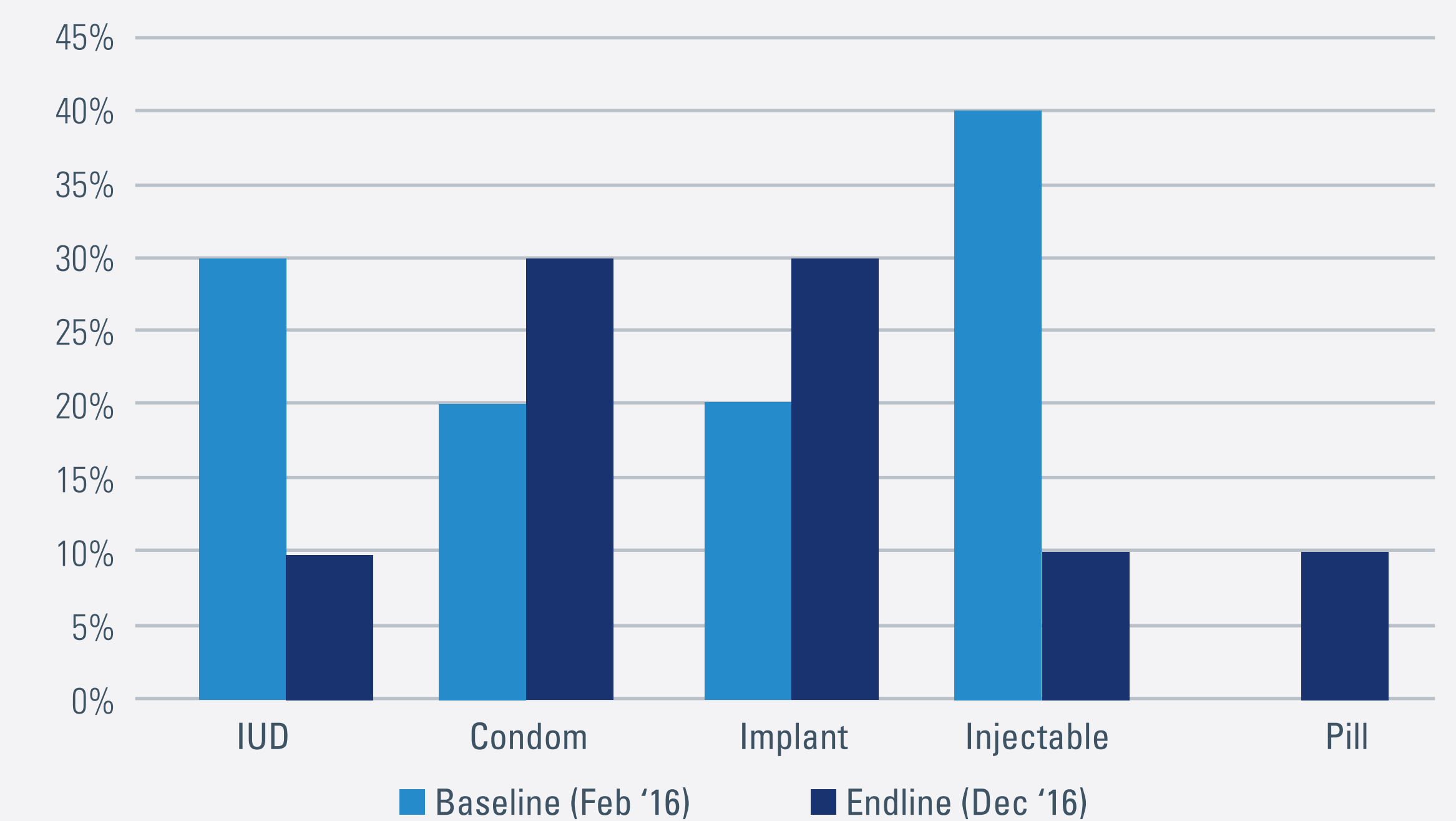
- Since the system was first introduced, there has been a significant reduction of stockouts for IUD at 20% and injectable at 30%. In addition, for certain items, stock outs are not yet declining due to other supply chain challenges.
- Almost all health facilities (90%) indicate that stakeholders are able to run the apps and report on time without major obstacles.

SCALING UP THE PROJECT

INA-CEWS 2015-'16 NPFPPB project is scaled up and further developed in 2017 in terms of the area and scope of the information system:

- The project is expanded to 3 additional provinces (East & Central Java, South Sumatera) covering 5 districts and 49 health facilities and its sub-health facilities;
- Technical logistical terms being developed include:
 - Resetting current min-max level and its function;
 - Defining the emergency order (emergency or routine resupply);
 - Classifying and labeling overstock;
 - Determining the flow of data and the organization of people in charge;
- Building capacity within the DFPO and SDPs to understand the concept of logistic cycle for contraceptive, not only for supply and ordering but also for the quality assurance. DFPO and SDPs are actively involved in the coordination line with the Indonesia FDA in post marketing drugs surveillance activity.

STOCKOUT RATE

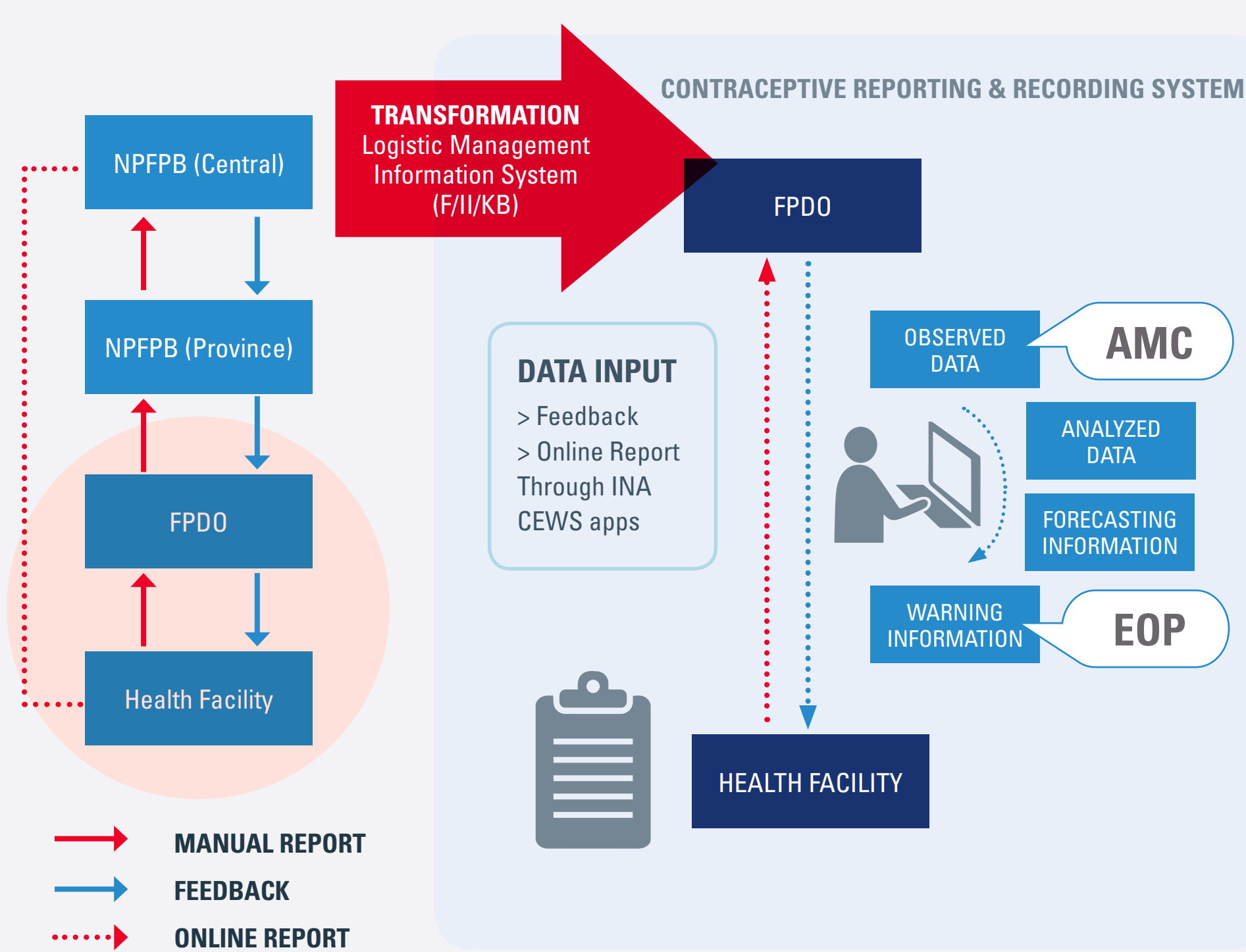


CONCLUSIONS/LESSONS LEARNED

Below are some key messages and important lessons learned that should be considered for nation wide scale up :

- Political commitment** in the decentralized system from central to local governments is absolutely needed to ensure the product's availability at each level of the supply chain;
- Further efforts are required to create an **uninterrupted warning information system** from central NPFPPB to the SDPs to cope with more complex logistical operations (such as larger contraceptive volumes to be procured, stored, transported and distributed);
- Focus on the people who will make it work** by providing a qualified and standardized training preferably by utilizing problem based learning in various operational settings;
- Re-orient customer satisfaction-based performance** by understanding the link between supply chain responsiveness and the met/un met need to family planning services.

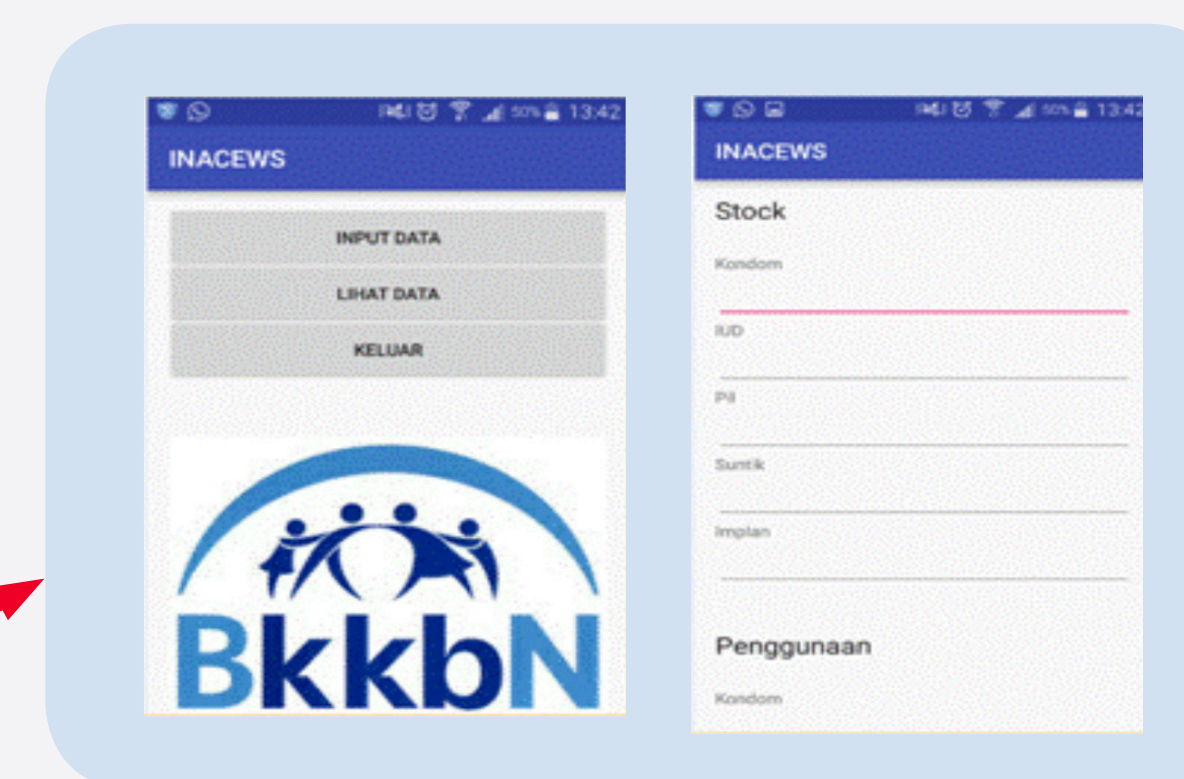
THE PROJECT INTERVENTION



THE GEOGRAPHIC INFORMATION SYSTEM



THE APPS AT THE HEALTH FACILITY



THE APPS AT FPDO

