

‘Workforce excellence is essential for sustainable health supply chains’

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**Pilot project of strengthening SCM HR  
through  
self assessment and Corrective Action Plan (CAP)  
Process supported by  
trained pharmacy intern and internal collaboration**

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Supported by:



# Background

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Indonesia is the largest archipelago country  
Same size with USA, 70% of it is water, 5 main islands and  
17,000 islands, 34 provinces, 526 districts

SCM is very big challenge particularly at island country

SCM for public medicine led by DG of Pharmaceutical and  
Med. Dev, under MoH in partnership with other program

Decentralized since 2001, mandated DHO to provide  
better access of health services, including 100 % access to  
quality medicines

# Background (cont.)

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- NMP 2006, ensures the availability of quality essential medicine at public health facilities
- SCM capacity building has been done by establishing SCM guideline, in service training, monitoring and supervision
- Traditional training and guidelines were less effective or sufficient due to: limited training time and not necessarily applied back at workplace, rapid SCm personnel turn over, not enough time to cover >500 districts
- Need to develop breakthrough capacity building using self assessment and CAP approach

# Objectives

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- Develop model for strengthening SCM based on self assessment /CAP team work and professionalism
- Use trained fresh graduate interns to supplement available staff

# Method

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- The self assessment/CAP approach of SCM strengthening consist of
  1. Introduction of this new approach, team building and training
  2. Self assessment to identify priority problems
  3. Develop corrective action plan (CAP)based on the assessment, selected the most applicable solution
  4. Implementing CAP, followed by monitoring, supervision and technical assistance and intership of pharmacy students and fresh gradute pharmacist
  5. Use interns to supplement Health office staff
  6. Evaluation of the entire activities to identify the lesson learnt

# Method (cont.)



- The pilot carried out in 2 phases :
  1. 2010-2011, at 5 districts focused on general disease, MoH supported by Unpad and ITB (Faculties of Pharmacy), USAID, WHO Ind
  2. 2013-2014, at 6 districts focused on ATM disease, MoH supported by GF, USAID /Deliver-JSI Ind, WHO Ind

Currently 2014-2015 this approach model is implementing in Pilot project of decentralization of ARV supply management supported by USAID and WHO Ind

The same approach model is now submitted for HSS Global Fund grant

# CAP as self developed intervention

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- Reviewing and revising SOPs then implemented
- Established quality assurance check list
- Set up real time stock card records, electronic inventory system, FEFO storage
- Intiate communication and coordination to formalize integrated planning team. The team should be an integration of pharmacy section, DPWs personnel and disease program managers

## CAP (cont.)

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- Practical pre service SCM training at Faculty of Pharmacy UnPad and ITB for the intern candidates
- Internship of trained fresh graduate pharmacist and senior pharmacy students at DPWs and HCs was most successful intervention to address the lack of HR-SCM. The interns provide best practices in SCM at DPWs and pharmacy services at HCs
- This also supports pharmacy pre-service education as practical field work



# Result

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- The common problems identified in all pilot sites were lack of sufficient HR-SCM (either # and competency), lack of appropriate SOP for SCM activities, lack of quality assurance means
- Problems in some districts:
  - Planning: integrated planning team not available
  - Storage condition: not sufficient in temp.control, real time inventory management, lack of selective product's quality checking
  - Distribution: no operational cost available, despite the geographical problems

# Lesson learned

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- Internship of trained fresh graduate and senior pharmacy students is a viable alternative to address insufficiency of HR SCM due to the availability of Faculties Pharmacy at 60% provinces and School of Bachelor Pharmacy at almost 90% provinces. MoU between PHO and faculties is needed for this approach
- SOPs are an important tool to achieve best practices.
- Training in developing SOP is needed to provide ability of DPWs to develop good SOPs themselves

## Lesson learned (cont.)

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- Training on SCM should be provided to support the revised guidelines and standards
- Empowering districts using self assessment/CAP approach is time consuming and costly, however is the best approach to obtain district's confidence and commitment to develop the most needed interventions
- Outside SCM technical assistance to guide collaborative work was beneficial to complement district work

## key points/summary

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- Empower district SCM team with Self-Assessment/CAP approach model
- Use trained pharmacist new graduate as Intern agent of change
- Use external TA for guidance

## Improvement of storage during intership

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Before



After





The intern showed how to arrange goods as best practices





Before

Interns improved medicine storage  
at HCs

After



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**Thank you,**