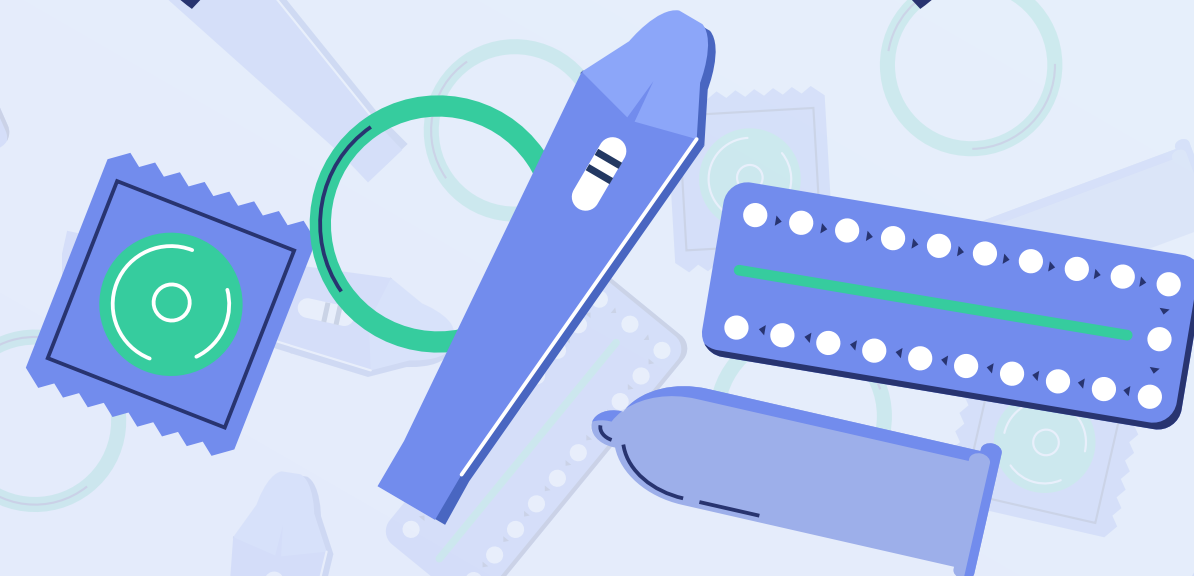


1



# Informed Push Model (IPM)





# Stock Out of Family Planning Products

**PATH's assessment of the family planning supply chain in eight states in India (Bihar, Karnataka, Maharashtra, Odisha, Punjab, Telangana, Uttar Pradesh and West Bengal) showed recurring stock outs of family planning products at downstream facilities**

Multiple reasons were attributed to stockouts, including human resource and accountability issues, and lack of proper knowledge, processes and skills.

## REASONS FOR STOCKOUT IN UTTAR PRADESH



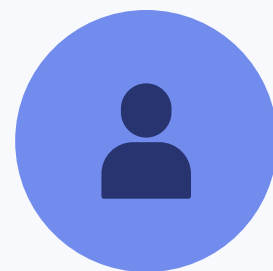
**Lack of accountability towards supply chain process**



**Out of stock at upstream**



**Supply chain processes not defined rigorously**



**Resource constraints (people and infrastructure)**



**Insufficient knowledge and skills**





# Context

## **Continuous availability of a wide range of contraceptive methods is a key factor in people's ability to plan families**

A reliable stock of contraceptives supports voluntary choice, contributes to user satisfaction, and promotes method continuation (Dehlendorf, et al, 2014)<sup>1</sup>.

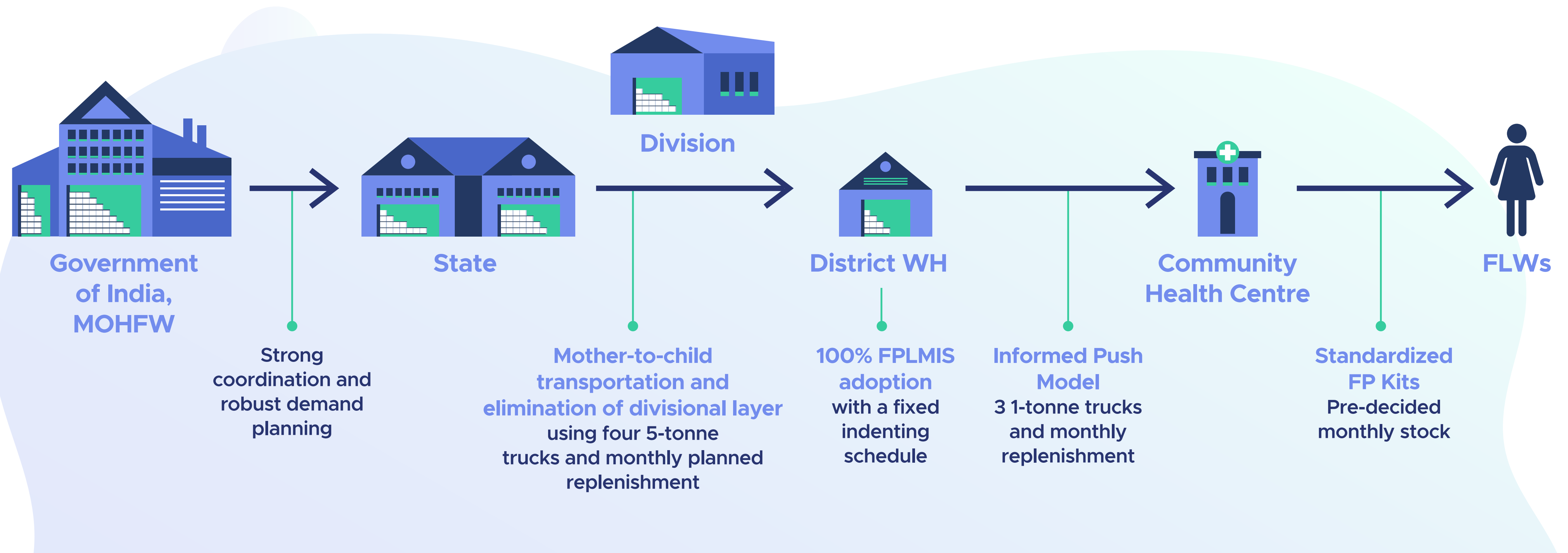
Effective family planning (FP) supply chains, by ensuring a range of commodities reach the last mile, contribute to supporting women's choice of modern contraception, and ensure previously unavailable methods reach beneficiaries (WHO/RHR, 2017)<sup>2</sup>.





# FP supply chain innovations

To address identified challenges and promote agency and access in family planning and reproductive health solutions, PATH envisaged an end-to-end FP supply chain model for the state of Uttar Pradesh in India.





# Our intervention

## INFORMED PUSH MODEL (IPM) PILOTED IN UTTAR PRADESH



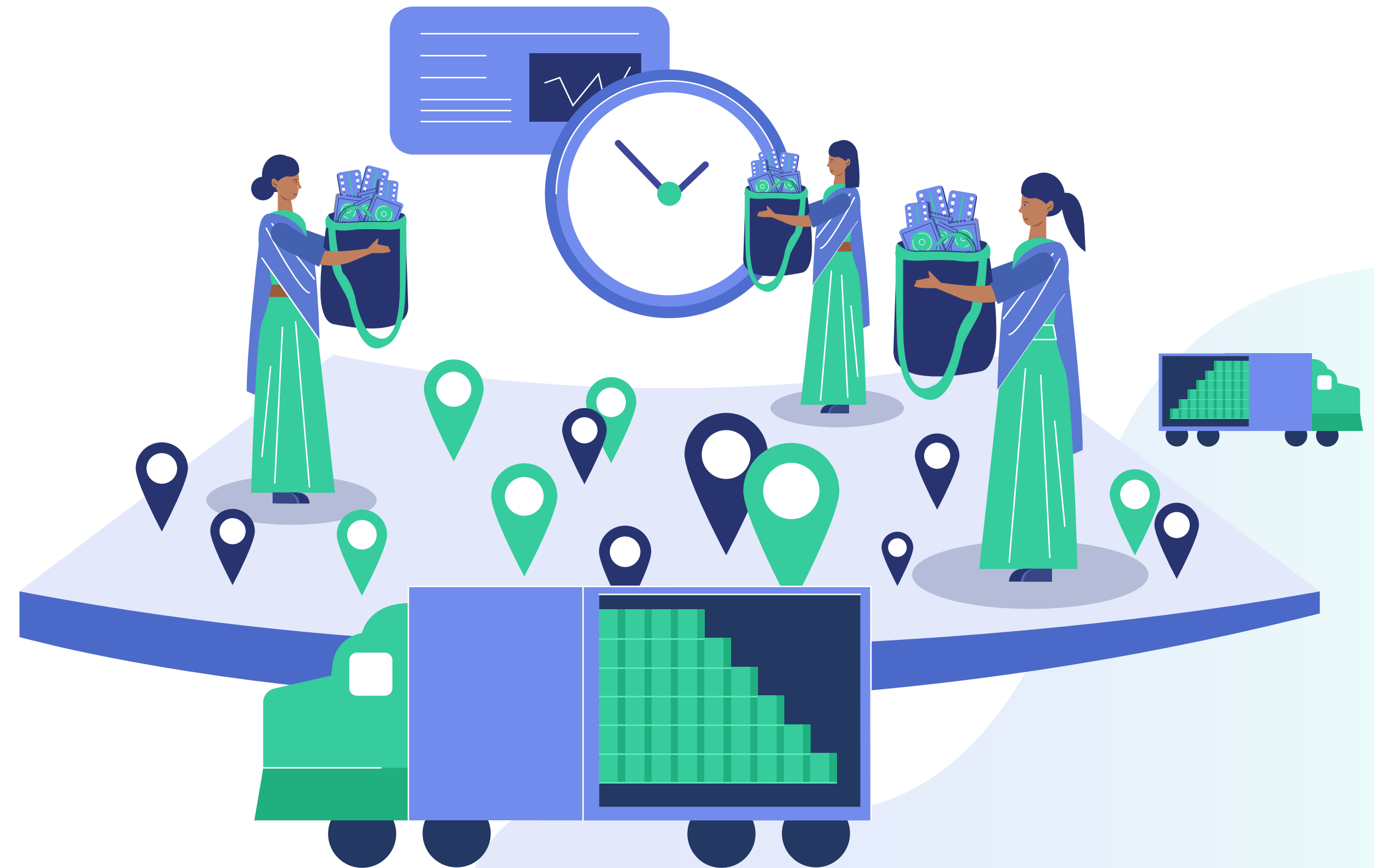
It allowed upstream personnel to anticipate the required quantity of stock and directly push the supplies into the system, rather than wait for downstream facilities to requisition stock



It minimised the need to place orders and reduced the time between indenting and delivery, as the supplies were replenished at regular intervals, preventing stockouts



It was supported by ASHA kits (kits designed with monthly consumption based family planning commodities), to ensure last mile availability of FP products

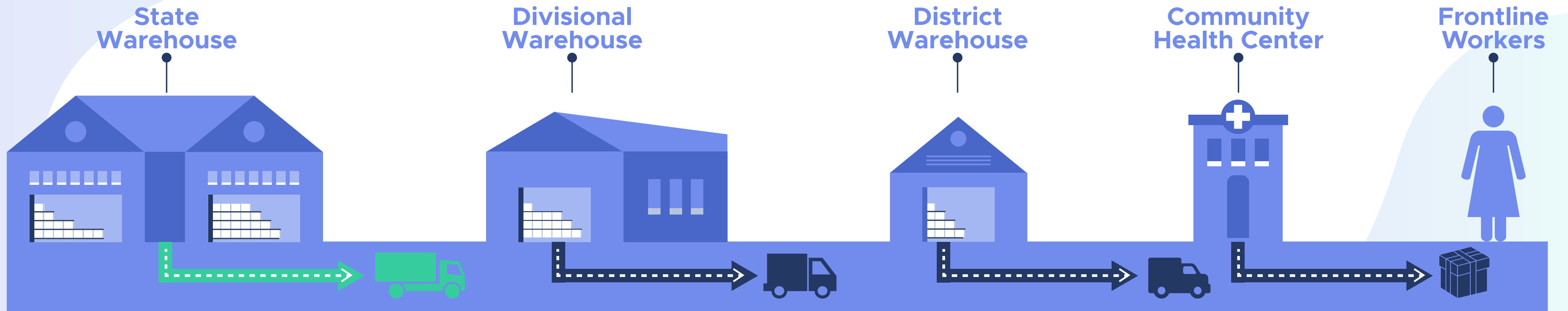




# Process

The IPM pilot demonstrated in Bahraich, Shravasti and Gonda districts of Uttar Pradesh, India, focused on shifting responsibility of transportation and inventory control of FP commodities from child facilities to mother facilities, by involving a third party logistics agency. This enhanced the accountability and reliability of the supply chain.

## INFORMED PUSH MODEL ADOPTED IN UTTAR PRADESH



- Nodes in the supply chain
- State arranged resources
- Project enabled elements

- Collection of stock from warehouse
- Return of remaining stock to warehouse



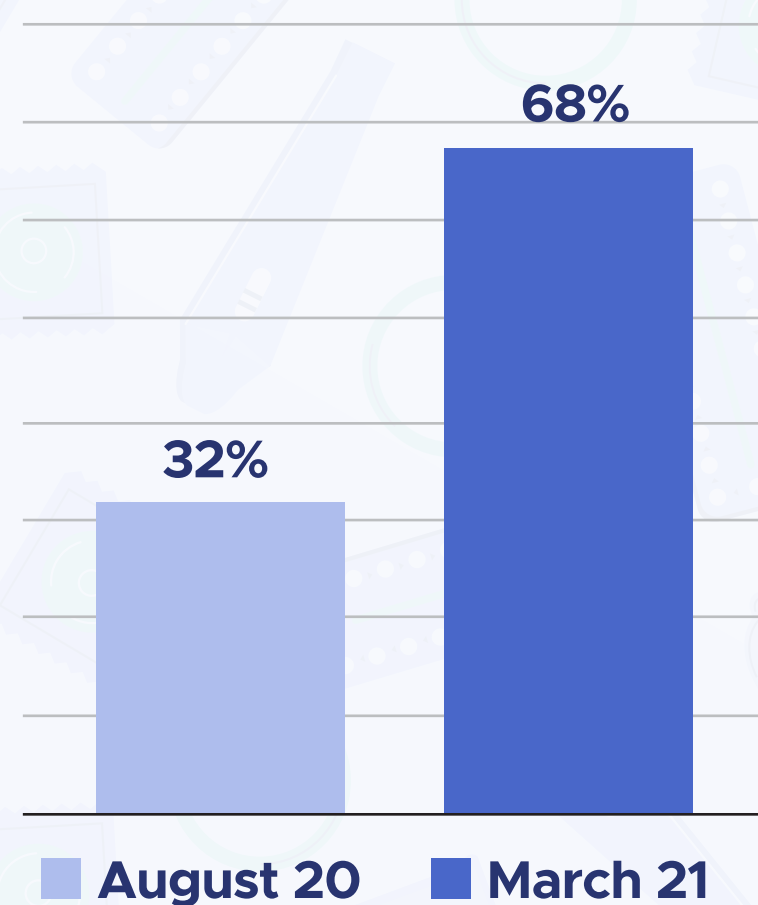
- Physical inventory
- Entry of stock status
- Refilling stock with suggested quantity
- Issuance in the App



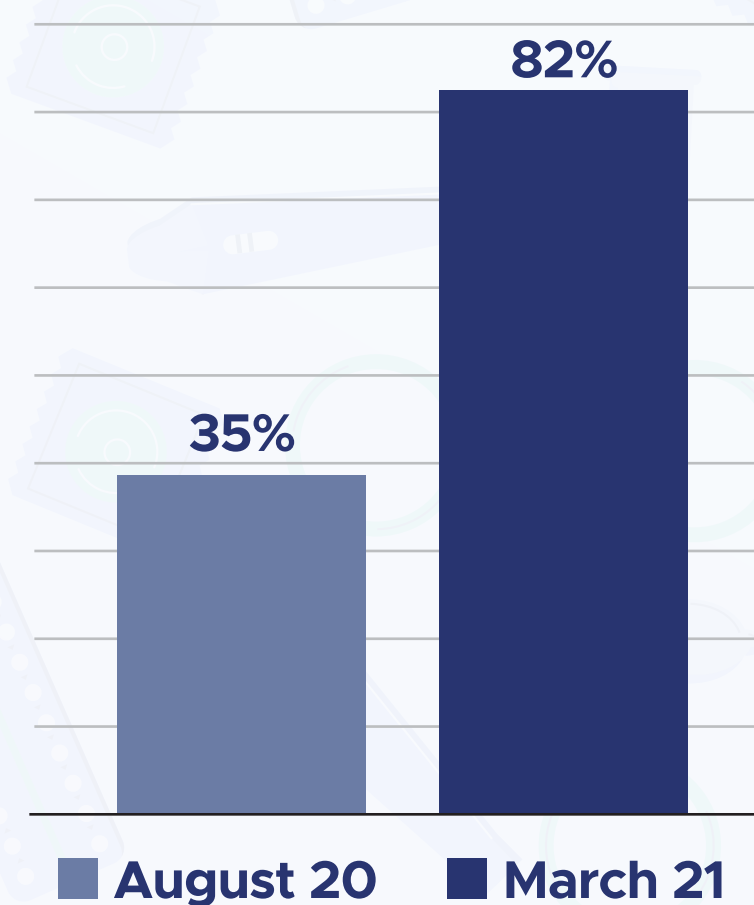
# Impact

## ALL COMMODITIES AVAILABLE

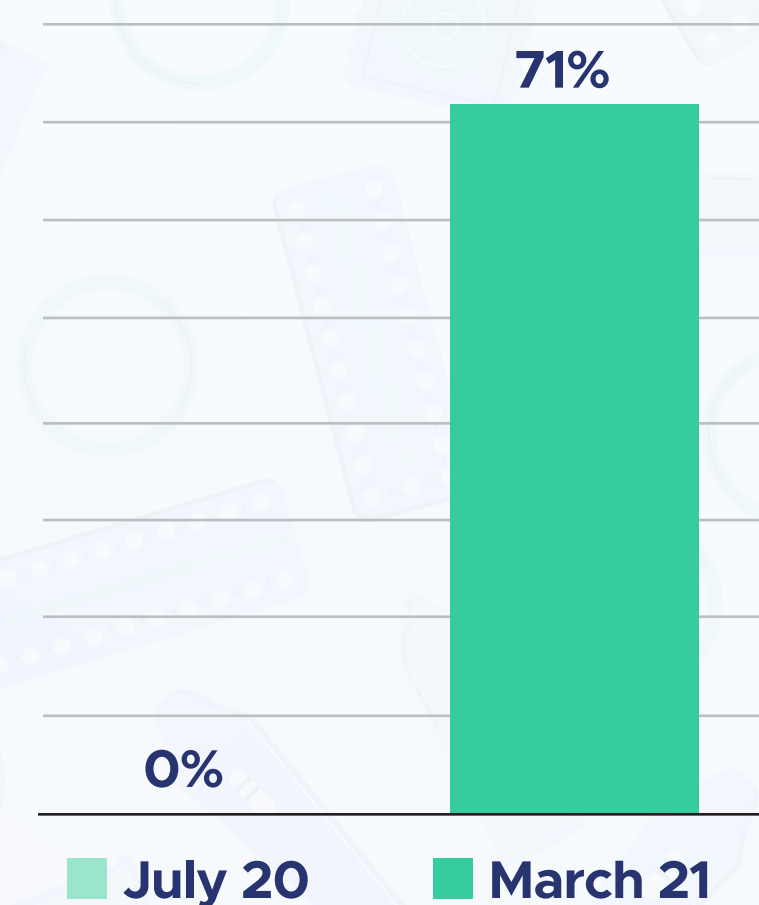
### GONDA



### BAHRAICH



### SHRAVASTI



The IPM model pilots showed immediate, tangible results. Stock became more regularly available, and facilities reported little to no stockouts during the course of the pilot.





# Key Learnings



## SHIFTED ACCOUNTABILITY

IPM moves the onus of tracking, delivering, and ensuring availability of health commodities at the health facilities from health workers to store managers and experienced logistics operators

## LIMITED RESOURCES

IPM can be considered as an option in places where the capability to manage the supply chain is limited either by skills of human resources or infrastructure, such as transportation

## PRIVATE SECTOR

The IPM pilot also demonstrated the role of private sector third party logistics (3PL) partners as an effective option for transporting commodities





# Recommendations



Replicate the 3PL IPM model in other districts. Engaging experienced, third party agents to fill the transportation gap can make the supply and distribution of health commodities more efficient



Combine demand-driven requisition and appraisal-led allocation. It is useful for health systems where the supply chain for health commodities is experiencing challenges



Utilise electronic, cloud based logistics management systems. An updated FP-LMIS, helped in predicting consumption, and making requisitions and allocations more effective



Nest delivery responsibility with supplier. Reversing the responsibility of transporting health commodities from the indenter to the supplier, significantly reduced lead time and made the supply chain more efficient



Build capacity for robust data documentation and protocols. Equipping the pharmacists and store managers at the facilities to make online entries on the FP-LMIS improved the data management of FP commodities



# Endnotes

- 1 2014. Christine Dehlendorf, Colleen Krajewski, and Sonya Borrero. “Contraceptive Counseling: Best Practices to Ensure Quality Communication and Enable Effective Contraceptive Use” in Clinical Obstetrics and Gynecology: December 2014 - Volume 57 - Issue 4 - p 659-673.
- 2 2017. Evidence Brief: Ensuring contraceptive security through effective supply chains. WHO/RHR/17.09. July, 2017.