CONTRACEPTIVE COMMODITY SECURITY

What Is It?

When people are able to choose, obtain, and use affordable, high-quality contraceptives whenever and wherever they want them. Commodity security exists when supportive national policies are in place, logistics management systems are functioning, and the family planning supply chain results in timely and adequate supply of contraceptives to both service providers and clients.

The specific contraceptive commodities consist of:

- Hormonal contraceptives – oral contraceptive pills and injectable contraceptives
- Medical supplies and equipment for permanent methods (female sterilization and vasectomy), such as scalpel blades, antiseptic lotions and anesthetic agents
- Intrauterine devices
- Barrier contraceptives including female and male condoms, diaphragms and caps
- CycleBeads for the Standard Days Method

To ensure family planning commodity security, a proper understanding of the national supply chain, compliance with the national ordering and reporting process and commodity management skills at each level of the Ministry of Health system are needed.

What Are the Benefits?

- Ensures availability of a range of contraceptive choices for clients
- Eliminates missed opportunities in meeting family planning clients' needs
- Decreases unmet need for family planning by ensuring uninterrupted availability of contraceptive commodities in the facility and minimizing stockouts
- Eliminates contraceptive wastage or losses by ensuring proper selection, procurement, distribution, storage and use of commodities

How to Implement?

Assess national-level commitment

Determining support for commodity procurement at the national level is crucial for your county, city and/or facility-level efforts to improve commodity security. It can be done by looking into some basic indicators, including the following:

- Presence of an active national committee in charge of contraceptives and reproductive health supplies
- Existence of a national government line item for contraceptive procurement
- Availability of a commodity security strategy in which contraceptives and reproductive health supplies are included

- Share of contraceptive supplies financed by the government

For more information and additional indicators and ways to assess national-level commitment, please see the **Commodity Security and Logistics section of the MEASURE Evaluation Family Planning and Reproductive Health Indicators Database**.

Ensure Robust Data Collection on Commodities

To forecast, plan and monitor the supply chain, you will need high-quality data on the commodities in your country as well as your community. This relies heavily on the information gathered at individual health facilities, at regional warehouses and, in the case of the Informed Push Model, by dedicated logisticians. A centralized electronic system can send real-time information from the county, sub-county and/or facility level to the national level for decision making and national planning (see Step 3).

Advocate at the sub-national level

Your advocacy efforts at the national and county levels should include efforts to improve family planning financing, resource mobilization and supply chain management. To do this, you will collaborate with various partners, including donors, civil society organizations and the government. See the **Sub-National Advocacy approach** for more information.
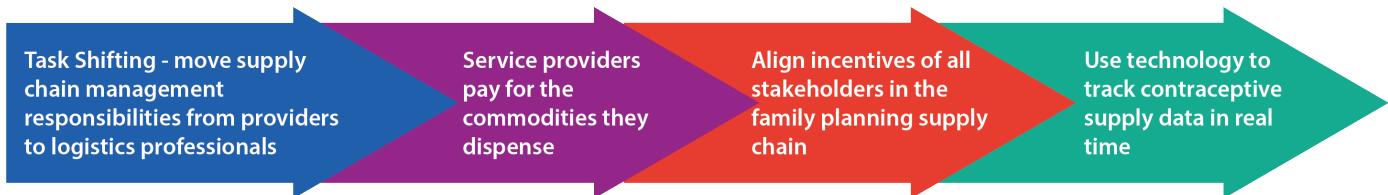
Improve supply chain management

One way of reducing stockouts is to use the **Informed Push Model**, implemented by Senegal, to successfully reduce stockouts at the facility level. This model brings the supplies closer to the health facility and streamlines the steps through task sharing supply chain responsibilities from service providers to logistics professionals (**Daff et al., 2014**). A dedicated logistician brings the commodities on a truck from the regional warehouse to the facilities. The logistician also restocks facilities monthly to maintain a minimum stock level to meet estimated supply needs, eliminating the need for facilities to place and pick up orders. Facilities pay only for the quantities sold.

Key features of the Informed Push Model:

- Proceeds from contraceptive commodity purchases get moved back into the supply chain, helping to keep contraceptive methods in stock and prices low
- Logistics operators design and carry out a regular schedule for supply deliveries
- Logistics operators collect data on product consumption at the time of delivery
- The model alleviates the burden on health facilities

Keys to Strengthening Commodity Security

Task Shifting - move supply chain management responsibilities from providers to logistics professionals	Service providers pay for the commodities they dispense	Align incentives of all stakeholders in the family planning supply chain	Use technology to track contraceptive supply data in real time

Another way to reduce stockouts is to introduce a better tracking system. In Kenya, the Tupange project introduced an SMS/web-based commodity tracking system to collect consumption data from facilities. The data were then transmitted to a central server using a mobile phone. To set up the system, Tupange:

- Trained at least two health workers from each facility on how to report using the SMS system (**Tupange SMS tracking system training manual**).
- Provided the trained personnel a copy of an SMS reporting guide, which served as a job aid (**Tupange SMS tracking system job aid**).
- Gave trained personnel airtime for use in sending data for reporting.

Note that a mobile-based reporting system could also be used with the Informed Push Model (in this case, the logistician would be the main person to input the information).

Train health workers on supply management

To build capacity in commodity management, Kenya provided in-depth training from the national curriculum (RHCM training manual). The training covered reproductive health commodities management, forecasting, and quantification of needs.

After the training, the health workers received the following tools and materials:

- Contraceptive data requesting and reporting data (CDRR) tool
- Standard order and report form (SORF)
- Ministry of Health 512 Daily Activity Register (DAR)
- Bin cards
- Stock control cards
- Job aids for quantification of commodity requirements
- Continuous mentorship through on-the-job training and whole-site trainings
- Standard Operating Procedures for Reproductive Health Commodity Management from the Ministry of Health

It is important to provide refresher trainings to ensure regular capacity building and to address any issues as they arise.

Monitor and evaluate your supply chain

Based on data collected by health care providers, commodity managers and/or dedicated logisticians, quantify the needs for contraceptive supplies at the facility level.

Redistribute commodities based on your collected data. Redistribution is the moving of commodities from one place to another to minimize stockouts or excess stocks. The individual in charge of redistribution depends on the model and the context. In Kenya, this was done between facilities based on real-time data from the Tupange SMS commodity tracking system. Commodities data were obtained from the facilities' monthly contraceptive data requesting and reporting data tool as reported by the facility in charge. Commodity security personnel or persons who monitored SMS reporting coordinated the redistribution. At the county level, this responsibility was taken up by the county pharmacist.

To measure the success of your contraceptive commodity security program, monitor and evaluate to ensure reduced stockouts, improved reporting rates, and timely and correct reporting forms.

What Is the Evidence?

In Kenya, before the Tupange project started, there were frequent stockouts, resulting in missed opportunities and poor procurement, distribution, and supply chain management at both the national and facility level. After Tupange's contraceptive security intervention:

- The government and donors committed to increasing funding for commodities, from US$5.97 million in 2011 to $6.2 million in 2013 (government) and from $1.32 million in 2011 to $12.9 million in 2013 (donor).
- Health facilities were less likely to report stockouts at endline than at baseline.
- Improved inventory management practices led to minimization of wastage, pilferage, loss and expiries, which in turn led to better commodity availability at the facility level, improved method mix availability and increased family planning uptake.
- Clear recordkeeping practices facilitated inter-facility redistribution in cases of emergency or sudden stock fluctuations–for example, due to increased client numbers at outreaches or in-reaches–thereby minimizing stock imbalances and interruption of activities within facilities.
- Reporting rates improved, from less than 40% at baseline to over 80% at endline, resulting in

better data for decision making in the Tupange facilities. In comparison, national reporting rates remained below 40%.

In Senegal, when the Informed Push Model was introduced into health centers in Pikine and Kaolack, the average monthly contraceptive stockout rate fell from 83% for implants and 43% for the Depo Provera injectable in 2010-2011 to 0% for both methods in 2012. Overall this approach reduced contraceptive stockouts to less than 2%. Improved product availability at the facility level led to increased uptake in family planning methods.

Tools Related to This Approach

- Bin Card
- Contraceptives Data Report and Request (CDRR) Tool
- Daily Activity Register for Contraceptives
- Medical Supplies Order and Report Form
- Quantification of Commodity Requirements Job Aid
- Reproductive Health Commodity Management Training Manual
- Standard Operating Procedures for Reproductive Health Commodity Management from the Ministry of Health
- Stock Control Card
- Tupange Commodity SMS Tracking System Job Aid
- Tupange SMS Commodity Tracking System

💡 Helpful Tips

- **Explore the** Contraceptive Security Indicators 2015 Global Data Dashboard **to see whether your country is one of the 45 countries with a contraceptive security policy. This is a good starting place for any discussions around contraceptive security with national stakeholders.**
- **Consider partnering with the private sector to grow a private-sector market for family planning commodities and reduce the public-sector burden.**
- **To move forward with implementing any county, city or facility-level interventions to improve commodity security, there needs to be strong support at the national level where commodity procurement typically happens.**
- **Health workers are the ones who ultimately "sell" the contraceptives. If they are not properly trained and involved in the reporting of commodities, the system can fail.**

❗ Challenges

- **Lack of buffer stocks and inadequate storage capacity at facilities can delay distributions in the supply chain. Identify facilities that have spacious storage capacity that can work with other facilities with limited storage space to hold stocks for them. Also consider provision of county buffer stores.**
- **Devolution – that is, transferring responsibility for the health budget from the national level to counties – can be expected to destabilize commodity security in the short-term. You can address this problem by training county health management teams on advocacy and proper commodity management including forecasting and supply planning.**
- **Stock imbalances can happen when facilities overstock commodities or the commodities have short expiry dates. Redistribution of commodities to facilities that can consume the products minimizes wastage.**
- **Low reporting rates affects decision making regarding quantification, distribution and redistribution because consumption data are lacking. Provision of reporting tools and training on their use are expected to improve reporting rates. A dedicated county team should be put in place to follow up on reporting.**

External Resources

- [The Tupange Project in Kenya: Multifaceted Approach to Increasing Use of Long-Acting Reversible Contraceptives](#)
- [Financing Commodities and Services: Essential for Meeting Family Planning Needs](#) (High Impact Practices Brief)
- [What Is Commodity Security?](#) (K4Health Toolkit)
- [The SPARHCS Process Guide: A Planning Resource to Improve Reproductive Health Commodity Security](#)

To find out more, please visit TCI University at **tciurbanhealth.org**.