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BRUSSELS | 20-22 MARCH 2018

**18TH GENERAL MEMBERSHIP MEETING OF THE
REPRODUCTIVE HEALTH SUPPLIES COALITION**

Measuring the Empty Shelf: Progress and Trends Using the Universal Stockout Indicator

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Introduction

- RHSC's SSWG established a Stockout Indicators Advisory Group in 2013 to harmonize indicators across organizations.
- After extensive consultations the group then drafted a suite of indicators, which were tested in Zambia and Bangladesh, subsequently refined, and ultimately published as a "Harmonized Suite of Indicators to Measure Stockouts and Availability of Contraceptives"
- Harmonized indicators critical in terms of enabling the global RH community to increasingly speak with one voice on the subject of family planning stockouts

Introduction (2)

- After FP2020's PM&E Working Group granted provisional approval in 2014; the FP2020 Reference Group granted final approval in April 2015 for adopting two primary indicators from the indicator suite as the stockout-related indicators on which the FP2020 countries were asked to report.
- Core Indicator 10: Percentage of facilities stocked out, by method offered, on the day of assessment
- Core Indicator 11A: Percentage of primary SDPs with at least 3 modern methods of contraception available on the day of assessment
- Core Indicator 11B: Percentage of secondary/tertiary SDPs with at least 5 modern methods of contraception available on the day of assessment



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Michelle Weinberger, Track20 Core Indicators 10 & 11



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Overview

- Where do we get our data?
- What trends do we see in the data?
- What more can we learn?

Where do we get this data?

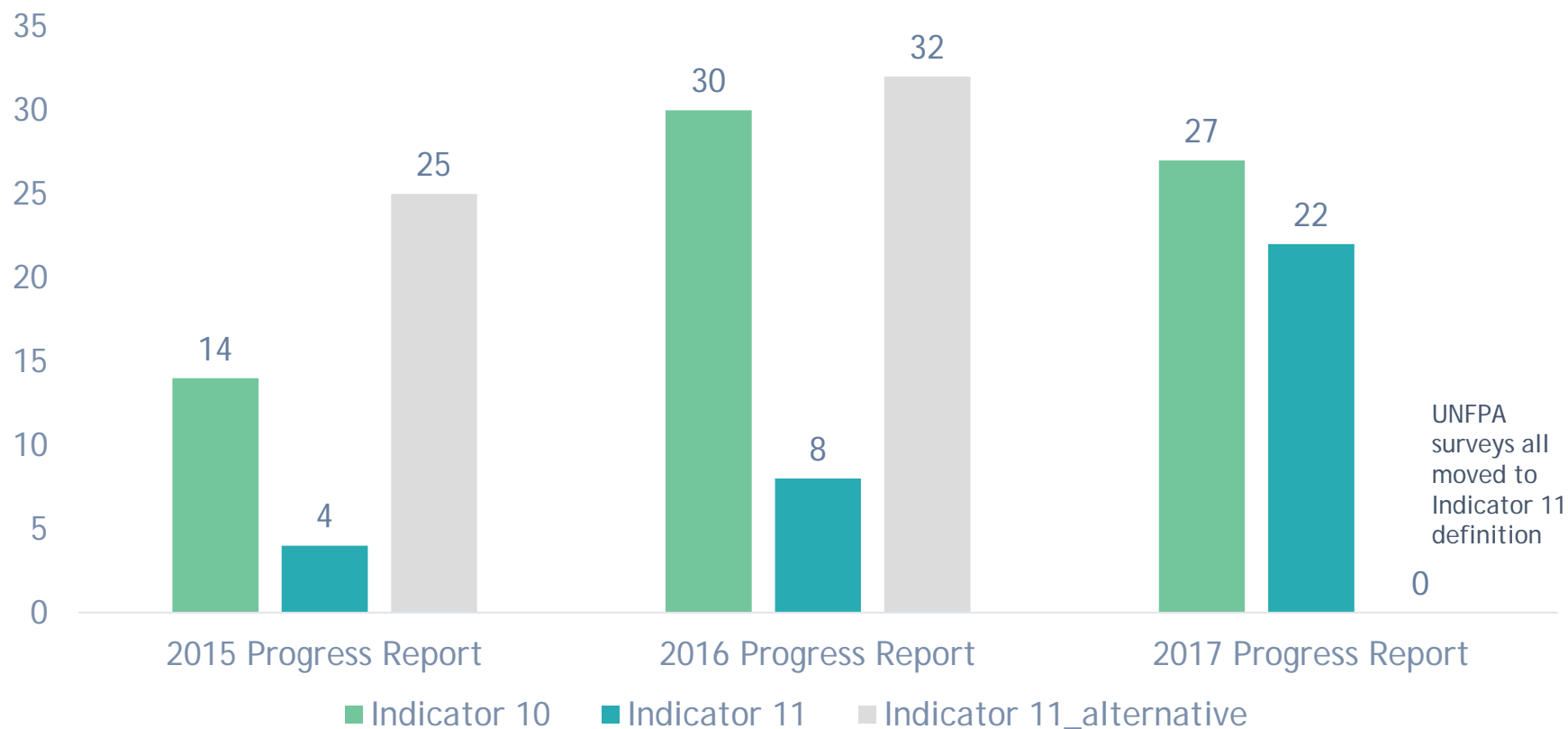
- UNFPA Supplies is the primary source of data
 - Standard survey-based assessment of public, private and NGO facilities
 - Countries surveyed vary each year so trend data is limited
- LMIS is rarely a source of SDP stockout data (for FP2020)
- PMA2020 facility data sometimes used
 - Is not nationally representative- sample driven by selected EAs (so can link with Household survey)
 - PMA2020 experimenting with weighting their data to be representative



Source: UNFPA Supplies SDP Survey 2016, Nepal

What data we have on Core Indicators 10 and 11

Number of countries with Core Indicators 10 and 11



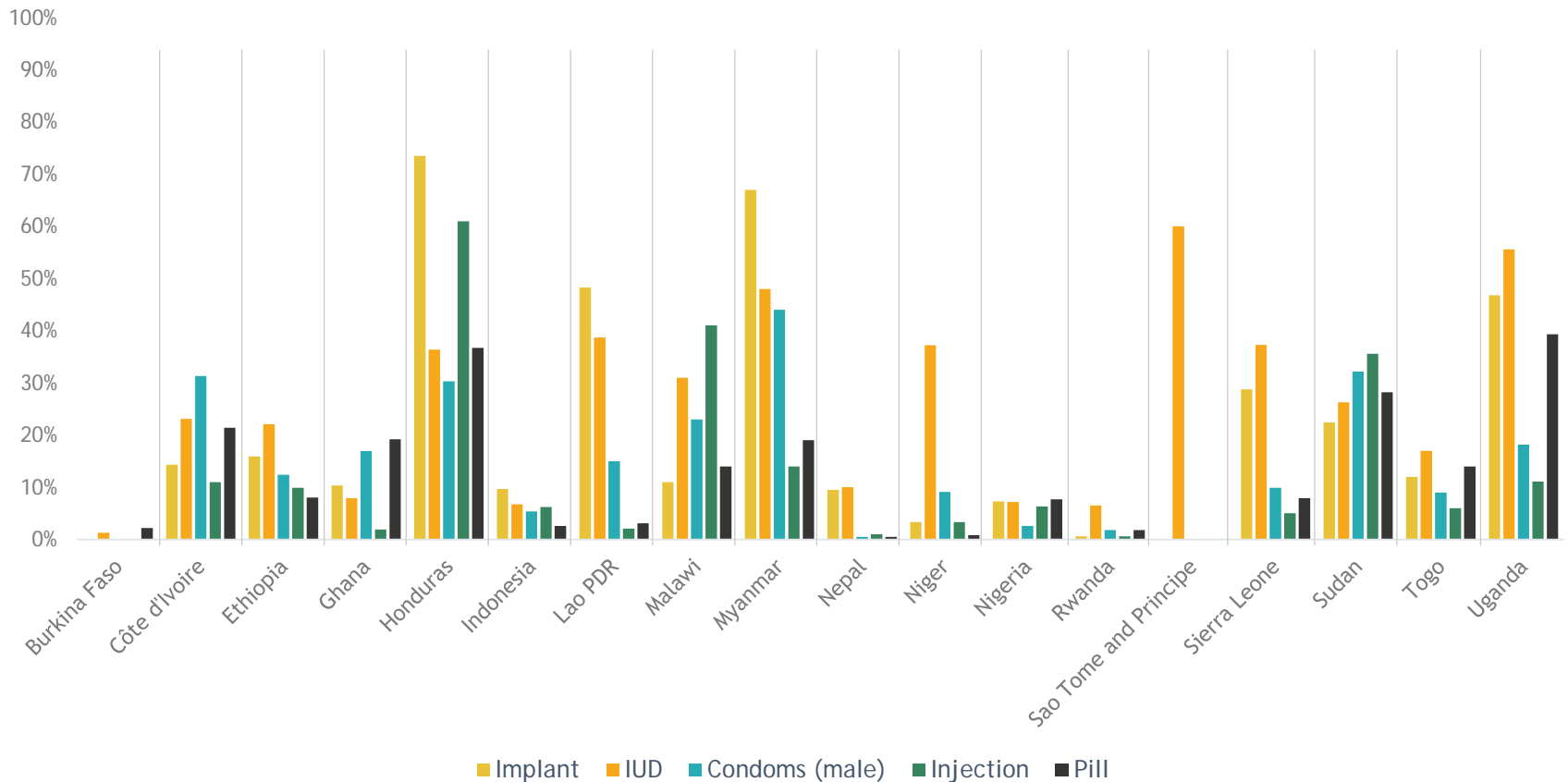
Analyzing trends for Indicator 10

- Need multiple years of data from the *same* source
- 18 countries with usable trend data
- Look at changes between the most recent 2 years (usually 2016 vs 2015; a few are 2015 vs 2014)

What stock outs looked like in the earlier survey: large variation by method and country

Data for the second most recent survey

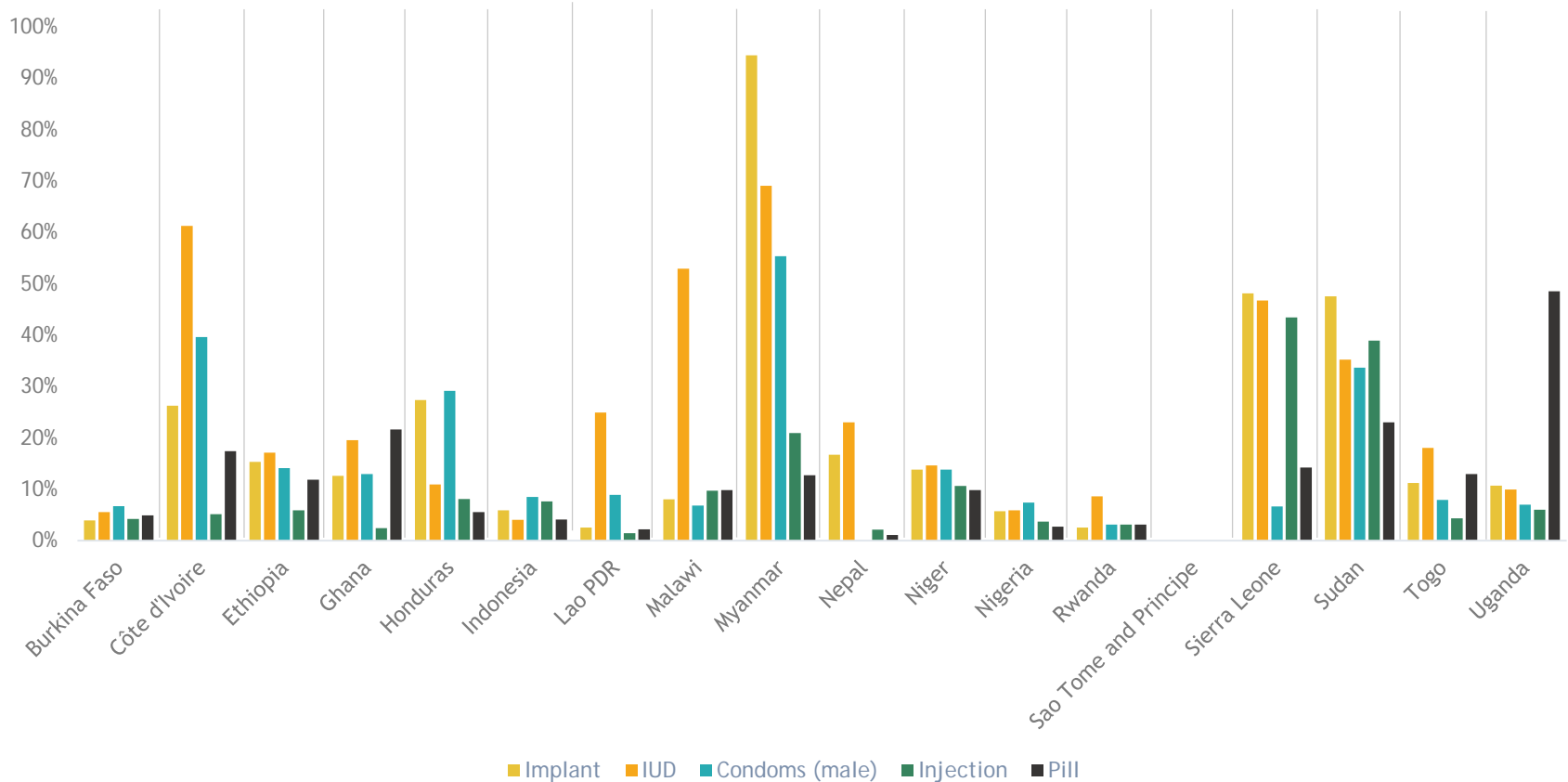
Percentage of facilities stocked out, by method offered, on the day of assessment



Stock outs in the most recent survey

Data for most recent estimate available

Percentage of facilities stocked out, by method offered, on the day of assessment



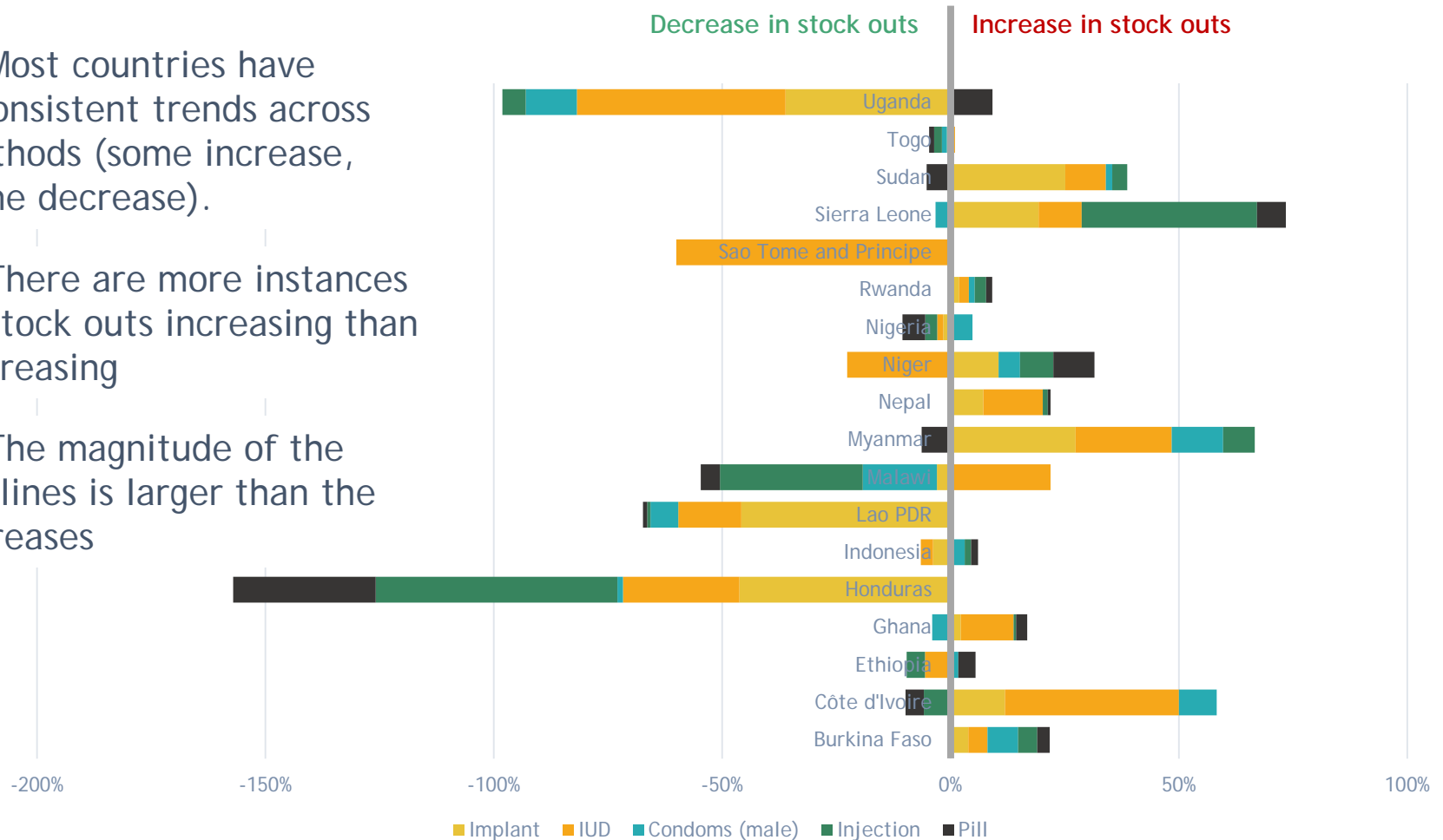
Inconsistent changes by method and country

1. Most countries have inconsistent trends across methods (some increase, some decrease).

2. There are more instances of stock outs increasing than decreasing

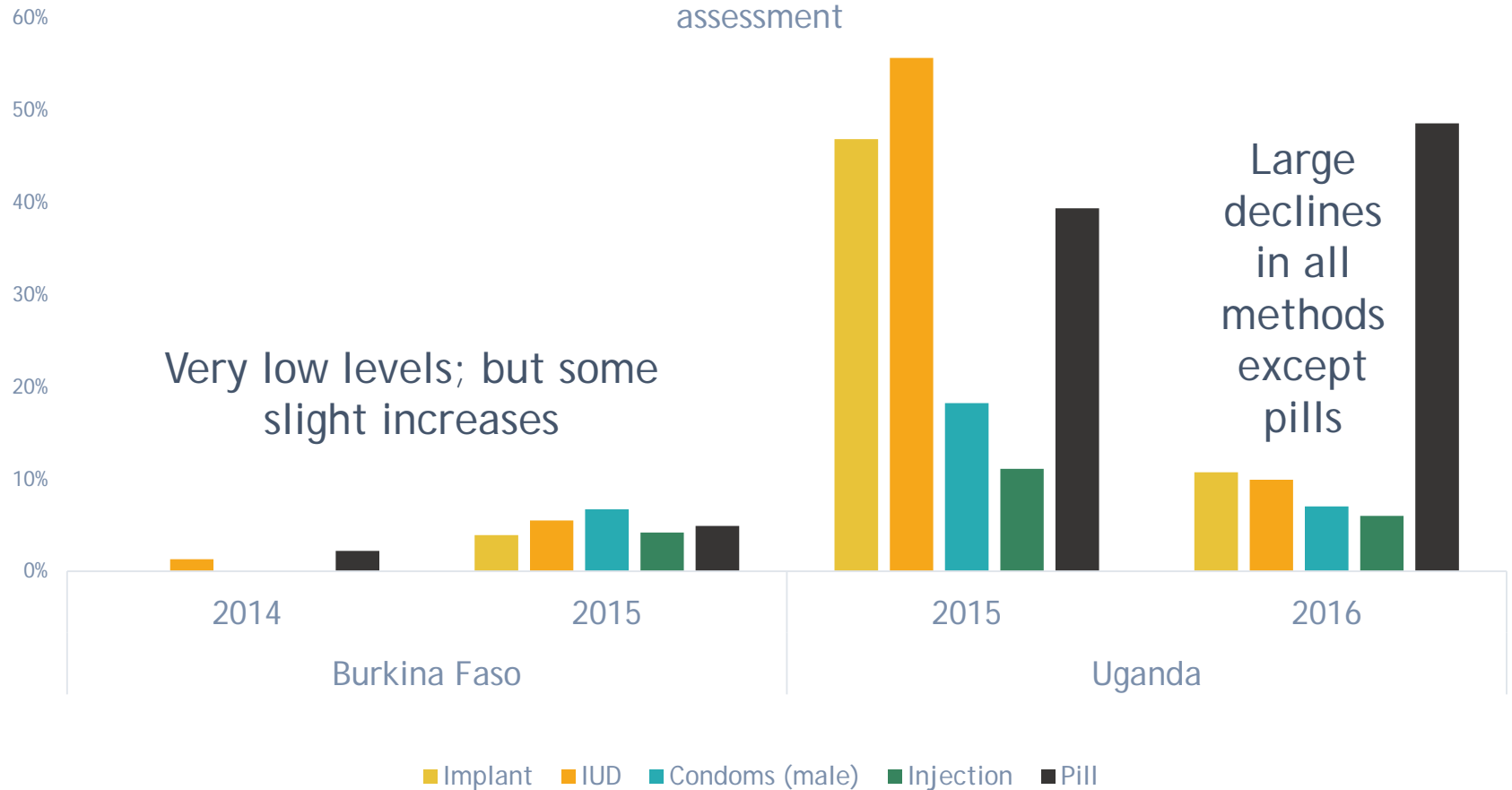
3. The magnitude of the declines is larger than the increases

% point change in stock outs by method



Contrasting narratives: Burkina Faso vs Uganda

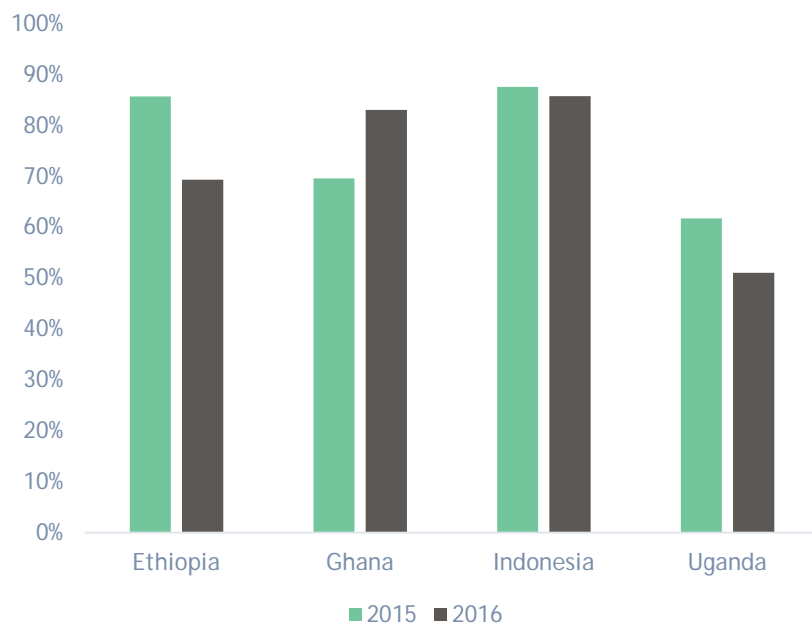
Percentage of facilities stocked out, by method offered, on the day of assessment



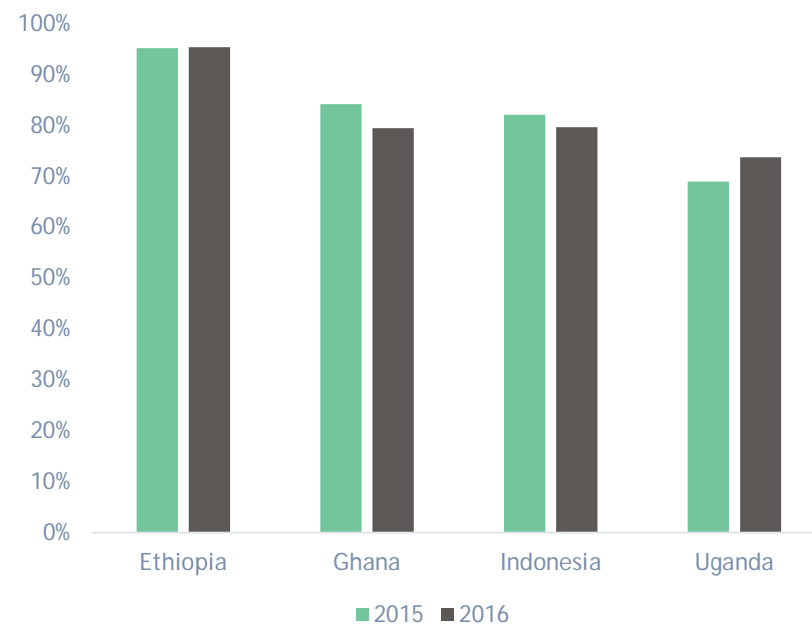
Limited trend data for Indicator 11a & 11b

Only 4 countries with usable trend data, see minimal changes over the 2 years

Percentage of primary SDPs that have at least 3 modern methods of contraception available on day of assessment



Percentage of secondary/tertiary SDPs with at least 5 modern methods of contraception available on day of assessment



Conclusions

- Harmonized indicators means comparability across countries; inform discussion at global level
- Data availability has increased at a global level
- Signals are inconsistent; need additional country level information and context
- At country level, more routine measures- e.g. LMIS- needed to understand changes over time

Questions for us to consider

- Are the facility survey stockouts data allowing us to ask the right questions?
- Do the data allow us to look at stockouts by level of facility, by client volume to better understand why there are stockouts on the day of assessment and whether there are tangible actions that can be taken?
- Is it possible that the facility survey data just provide us with an opening warning signs that requires different data (such as LMIS) to really further explore the issue?



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Tanzania Insights: James Mlali, AFP Tanzania

Tanzania's FP2020 Commitment

By 2020, Tanzania will increase the availability of modern contraceptive methods at all levels of the health system; specifically, it will ensure availability of at least three modern contraceptive methods at primary level and at least five modern contraceptive methods at secondary and tertiary levels from 40% to 70% in the last three months.

- Stock-outs will be reduced from 60% to 30%
- Improved supply chain management, including better forecasting and quantification, strengthened use of eLMIS from national to local level, and close monitoring of commodity distribution

A slide from Tanzania's Consensus Meeting

Stock out measurement: aligning to FP2020 Core Indicators (1)

10. Percent of facilities stocked out, by method offered, on the **day of the assessment**

Method	SDP Assessment (Dec 2016)	SPA Survey (2014/2015)	LMIS (2016)
F. Sterilization	63.5%	n/a	
IUD	34%	16%	
Implant	18.9%	9%	
Injectable	5.8%	28%	<i>Avg around 20%; from 3% to 40% month by month</i>
Pill	10.8%	13%	
Male Condom	9.3%	11%	
Female Condom	62%	22%	
EC	26.4%	24%	



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Discussion:
Ellen Tompsett, GHSC-PSM



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Q&A



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