



# 2017 Contraceptive Security Indicators

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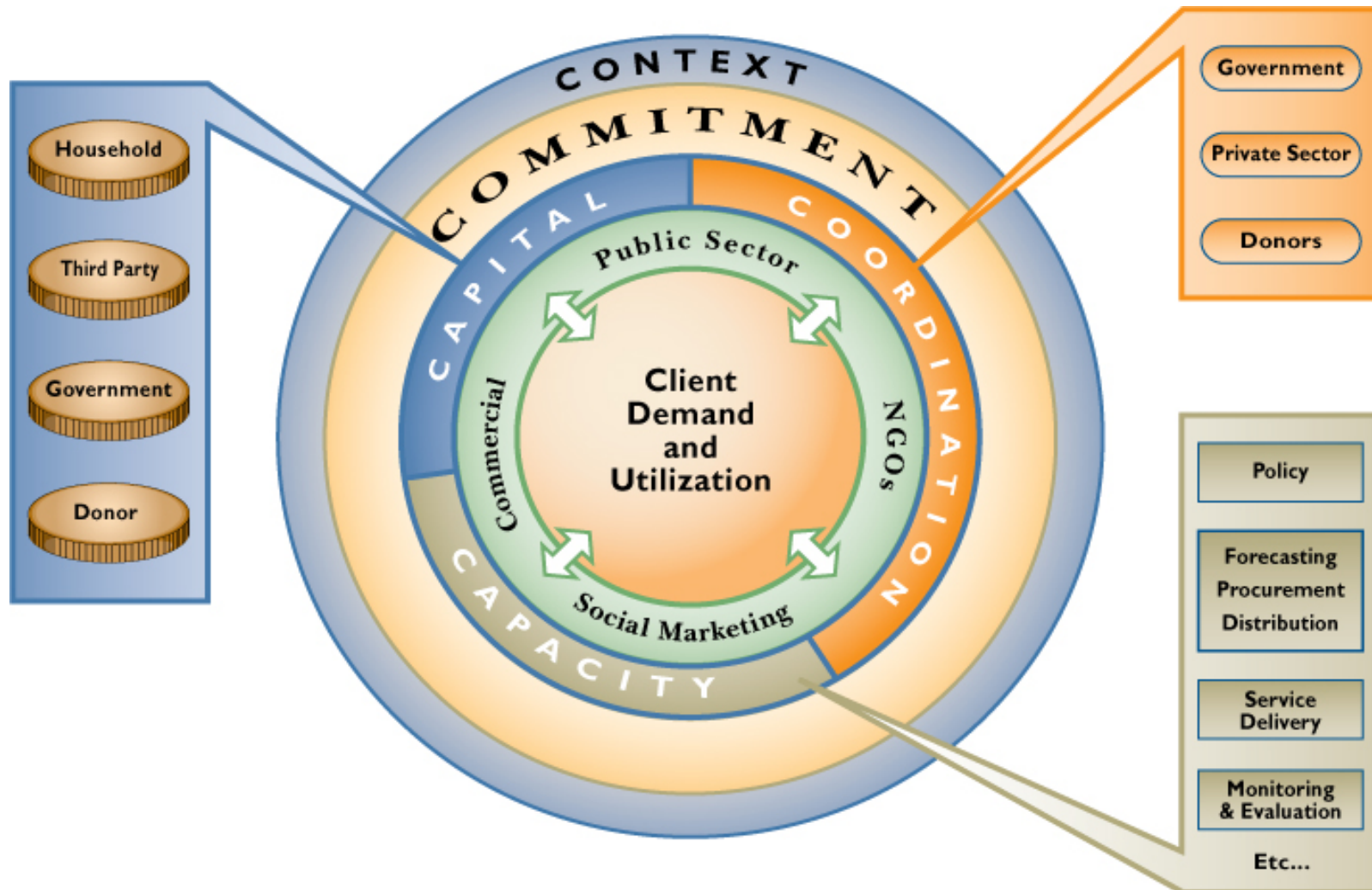
## What are the Contraceptive Security Indicators?

**Purpose:** Enables decision makers in countries and the global health community to monitor progress toward CS, inform program planning, and advocate for improved policies and resources.

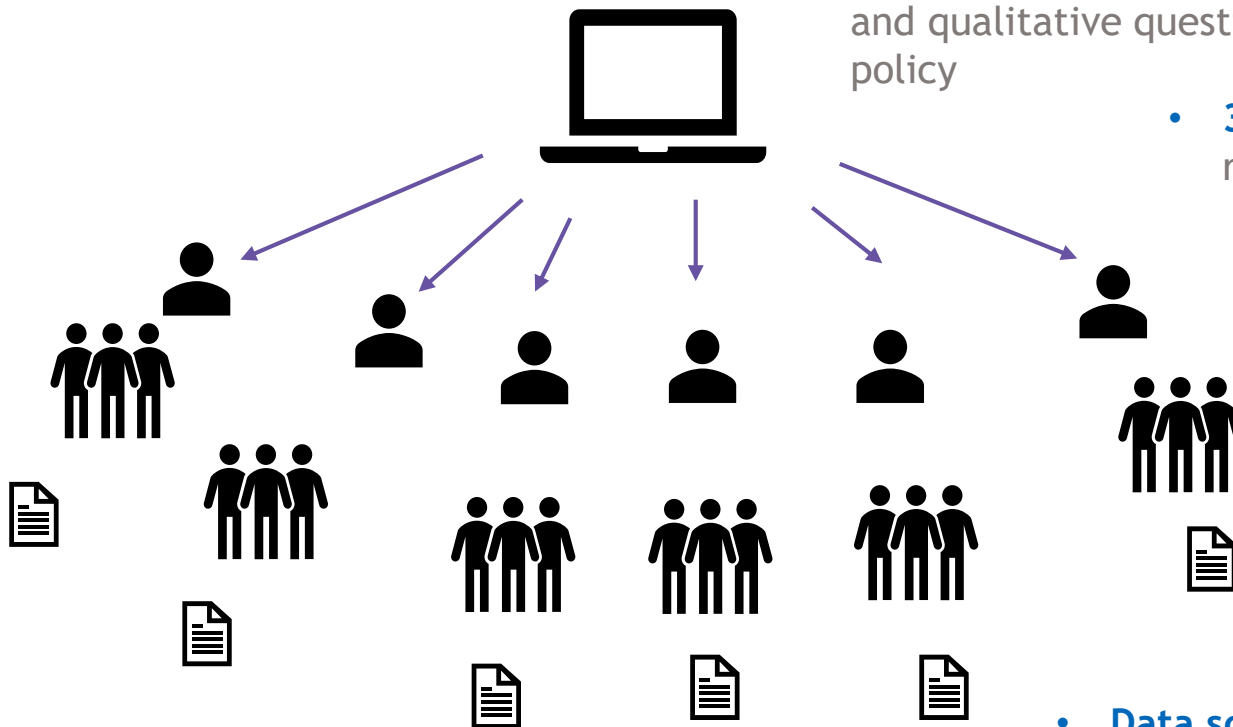
- More than **70 quantitative and qualitative indicators**
- Developed and first implemented by the USAID | DELIVER Project in 2009
- Conducted every 2 years
- GHSC-PSM updated the survey and administered it in 2017 in **36 countries**

# Methodology

## Strategic Pathway to Reproductive Health Commodity Security (SPARHCS) framework



# Methodology



- **Format:** Excel-based questionnaire; quantitative and qualitative questions covering finance and policy
  - **36 countries** (77% response rate)
- **Respondents:** Completed in-country by GHSC-PSM country personnel, ministry of health officials, USAID officials, or other donors
- **Data sources:** Survey respondents conducted key informant interviews. Key informants used source documents.



# Components of the CS Indicators Survey

A.

Leadership &  
Coordination

B.

Finance &  
Procurement

C.

Commodities

D.

Policy

E.

Supply Chain

F.

Quality

G.

Private Sector

Leadership &  
Coordination

97% (35 out of 36) of countries surveyed  
have a national committee that works  
on contraceptive security

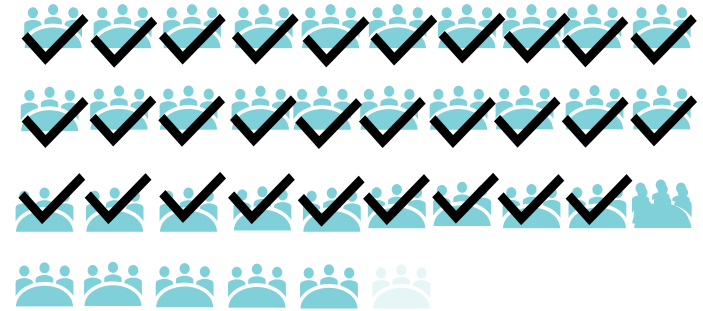


2015 result: 94% (33 out of 35 countries surveyed both years)

## Leadership & Coordination

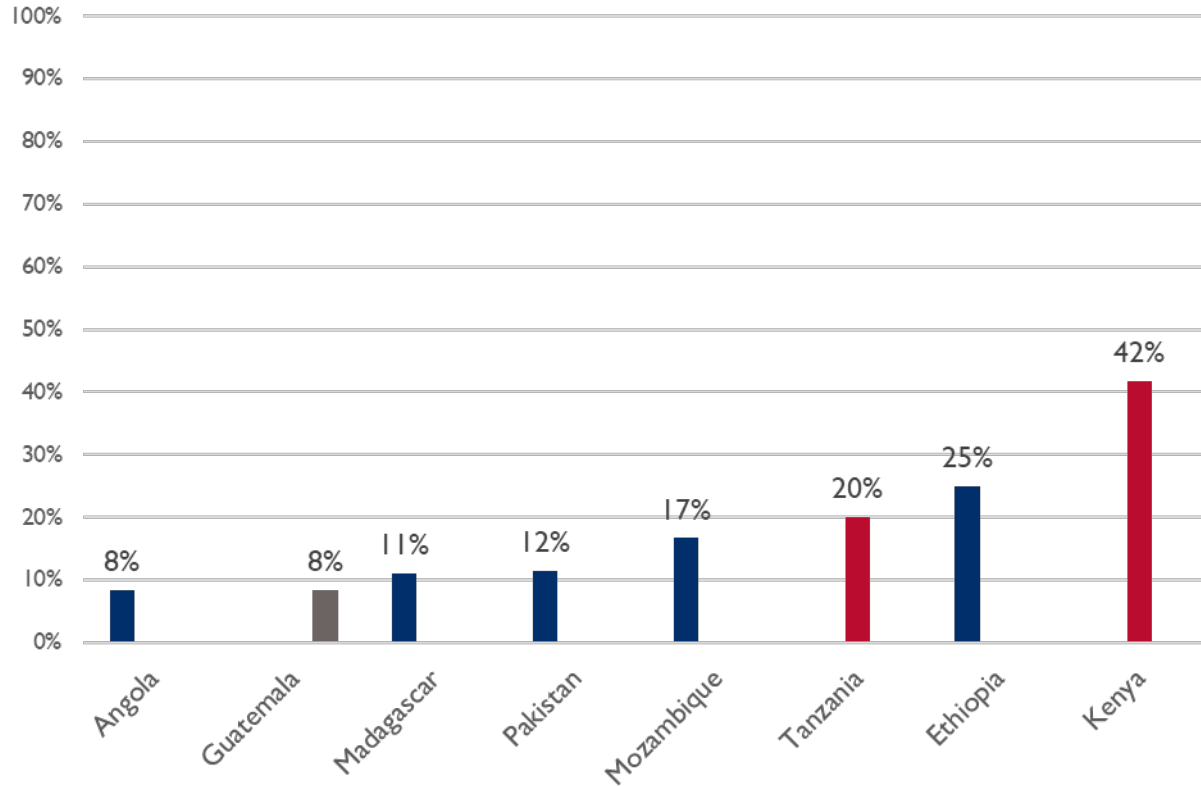
83% (29 out of 35) of CS Committees are deemed “Functional” based on:

- ✓ Meets at least twice a year
- ✓ Representatives from relevant sectors participate regularly (ministry of health, donors, UN agencies, NGOs, social marketing, commercial sector, ministry of finance/planning)
- ✓ Has developed or started development on any policies, procedures, and/or action plans in previous year
- ✓ Has adhered to/implemented these policies, procedures, and/or action plans



## Supply Chain

# Average Stockout Rate for Combined Oral Contraceptives at **Central level**



- Levonorgestrel/Ethinyl Estradiol 150/30 mcg +Fe 75mg [Microgynon]
- Levonorgestrel/Ethinyl Estradiol 150/30 mcg [Seasonale, Levora, Jolesa]
- Other

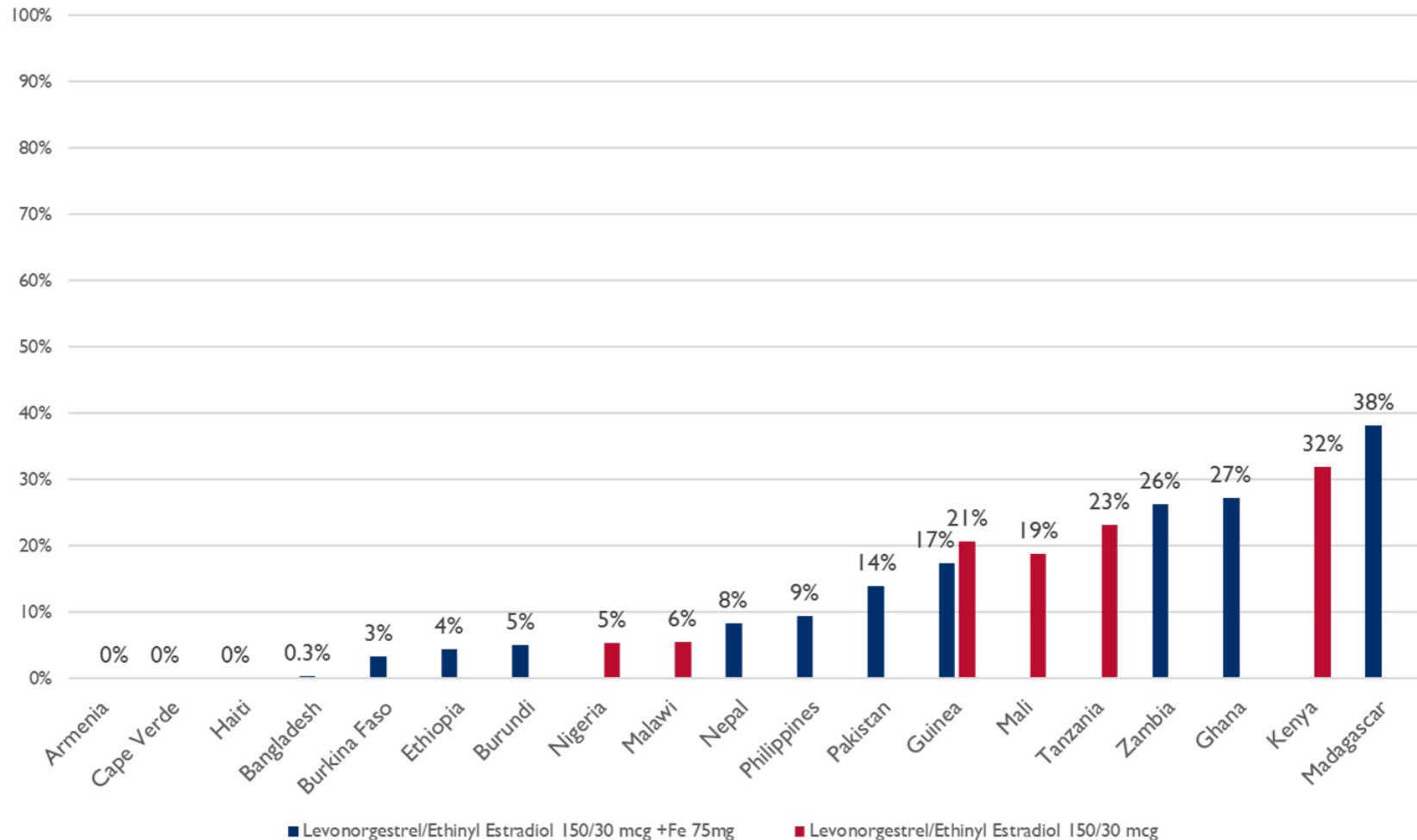
Countries reporting zero stockouts of either formulation offered

Armenia	Guinea
El Salvador	Haiti
Bangladesh	Malawi
Benin	Mali
Burkina Faso	Nepal
Burundi	Niger
Cameroon	Nigeria
Cape Verde	Philippines
Côte d'Ivoire	Senegal
Dominican Republic	Togo
DRC	Uganda
Ghana	Zambia
	Zimbabwe



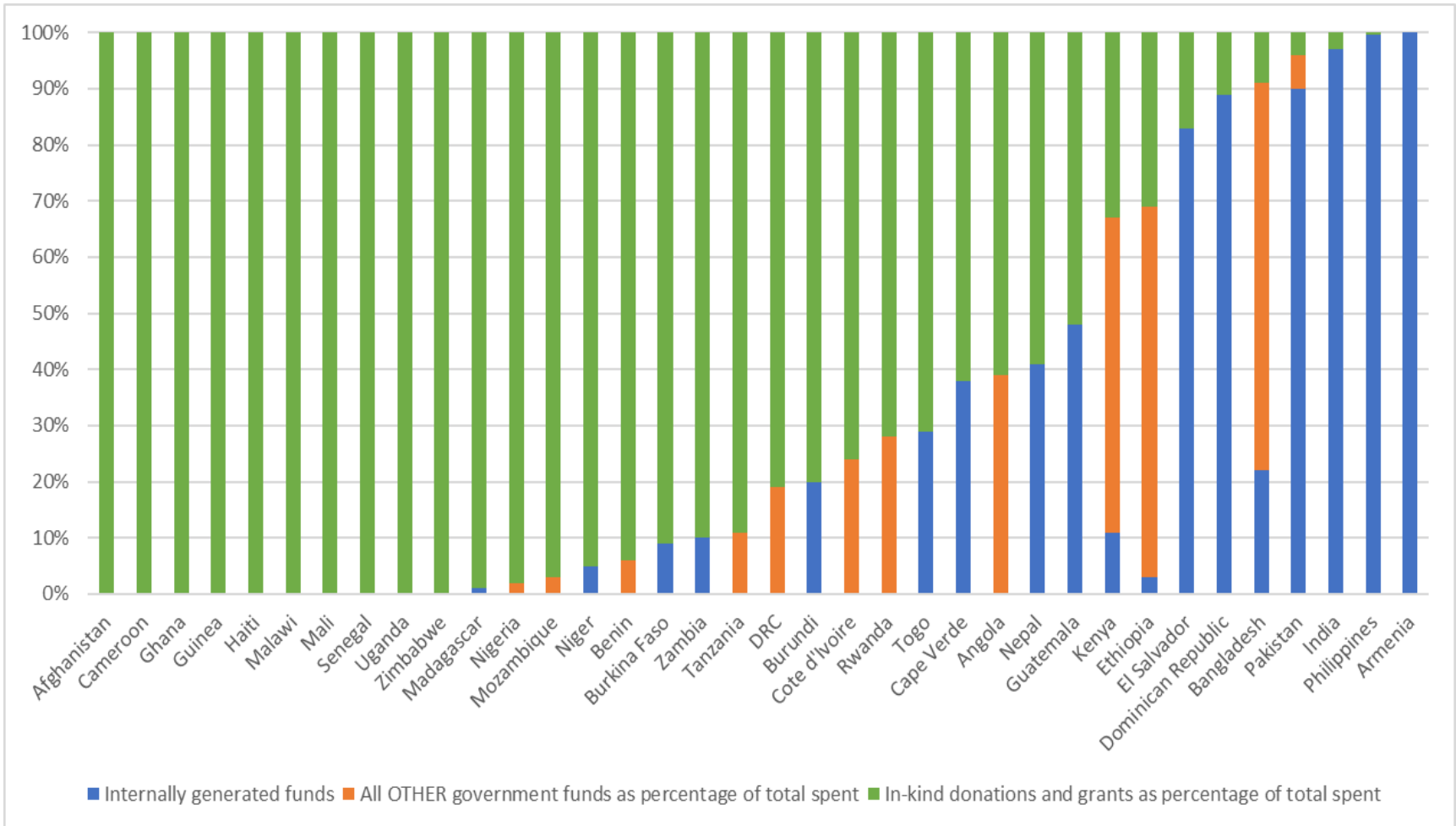
## Supply Chain

# Average Stockout Rate for Combined Oral Contraceptives at **Service Delivery Point level**



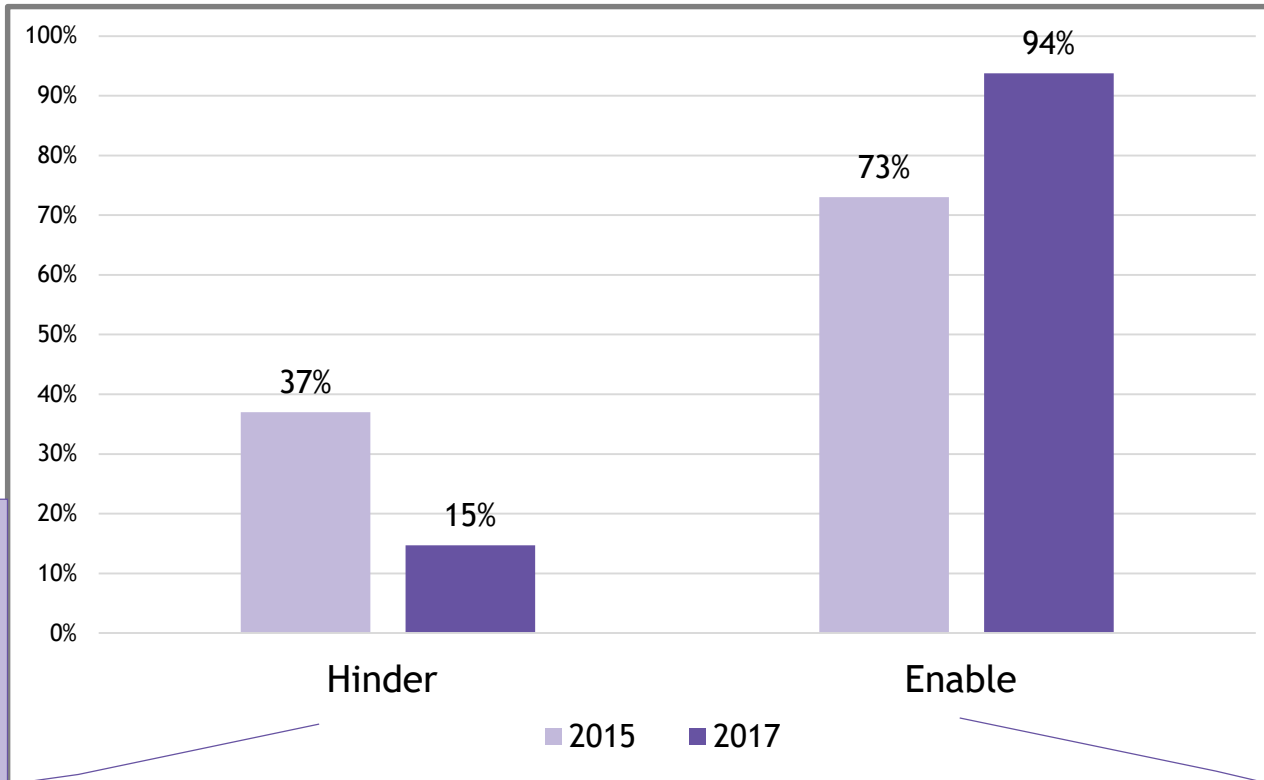
## Finance & Procurement

# Spending on Contraceptives by Funding Source



Policy

Percentage of countries with policies that hinder or enable the private sector to provide contraceptive methods



**2015:**  
 Armenia  
 Bangladesh  
 Cote d'Ivoire  
 Ghana  
 Guinea  
 Madagascar  
 Malawi  
 Senegal  
 Tanzania  
 Togo  
 Zambia

**2017:**  
 Madagascar  
 Bangladesh  
 Philippines  
 Benin  
 Ghana

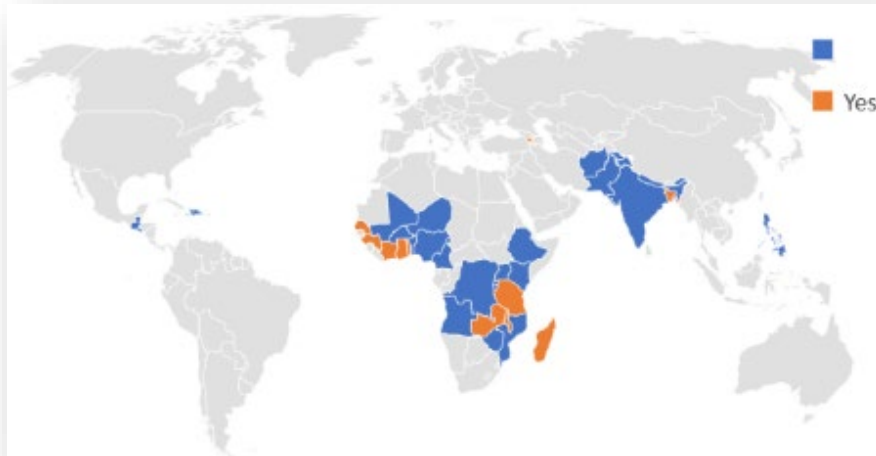
<b>2015:</b>	Burundi	Republic	Haiti	Mali	Rwanda
Afghanistan	Cameroon	El Salvador	India	Mozambique	Senegal
Bangladesh	Cote	Ethiopia	Kenya	Nigeria	Togo
Burkina	d'Ivoire	Ghana	Madagascar	Pakistan	Zambia
Faso	Dominican	Guinea	Malawi	Philippines	Zimbabwe

**2017:**  
 India  
 Afghanistan  
 Kenya  
 Angola  
 Malawi  
 Bangladesh  
 Mali  
 Benin  
 Nepal  
 Burkina  
 Niger  
 Faso  
 Nigeria  
 Cameroon  
 Pakistan  
 Cape Verde  
 Philippines  
 Cote  
 Senegal  
 d'Ivoire  
 Tanzania  
 Dominican  
 Togo  
 Republic  
 Uganda  
 DRC  
 Zambia  
 El Salvador  
 Zimbabwe  
 Ethiopia  
 Ghana  
 Guinea  
 Haiti

## Policy

Countries with policies that **hinder** the ability of the private sector to provide contraceptive methods

2015 (37% of countries)



2017 (15% of countries)



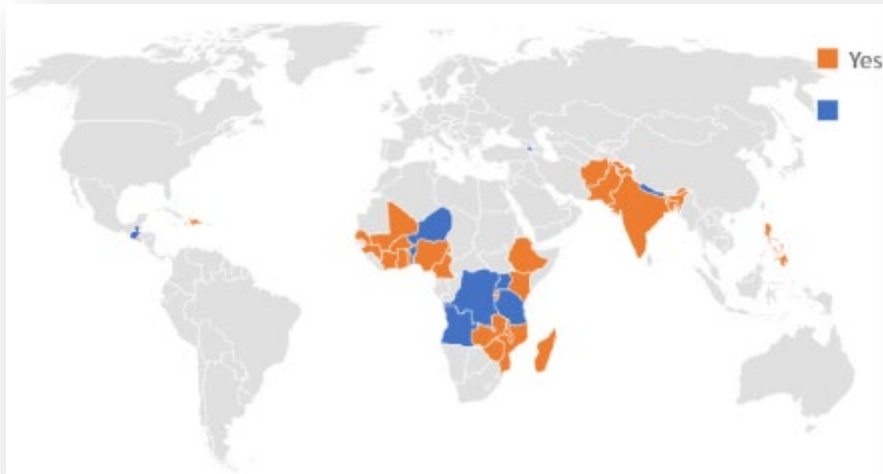
### Hindering Policy Examples:

- Private sector needs specific permission to import contraceptives.
- Taxes/customs duties on contraceptives
- International NGOs need to seek exemptions for subsidized contraceptive marketing/distribution for donated/in-kind contraceptive items.
- Policy allowing first dose of injectables only by a doctor at a health facility
- Regulated drugs (contraceptives included) not allowed for mass media advertising

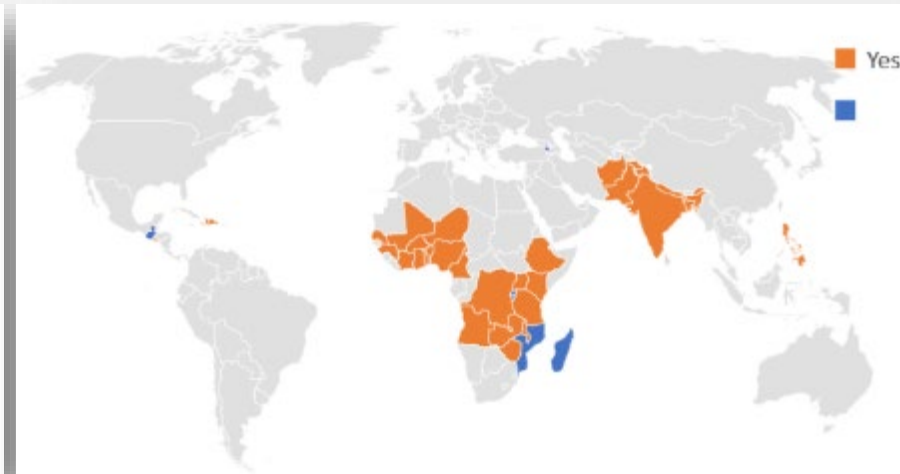
## Policy

Countries with policies that enable the ability of the private sector to provide contraceptive methods

2015 (73% of countries)



2017 (94% of countries)

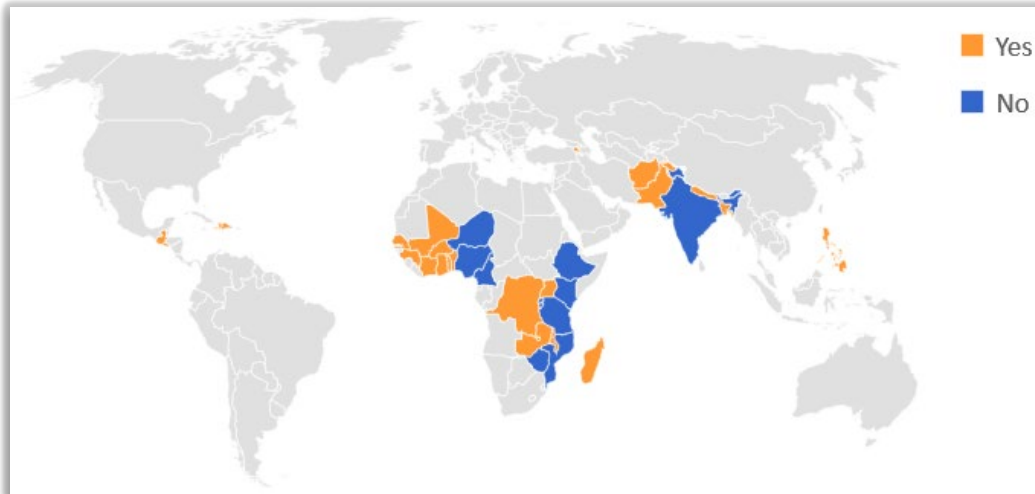


### Enabling Policy Examples:

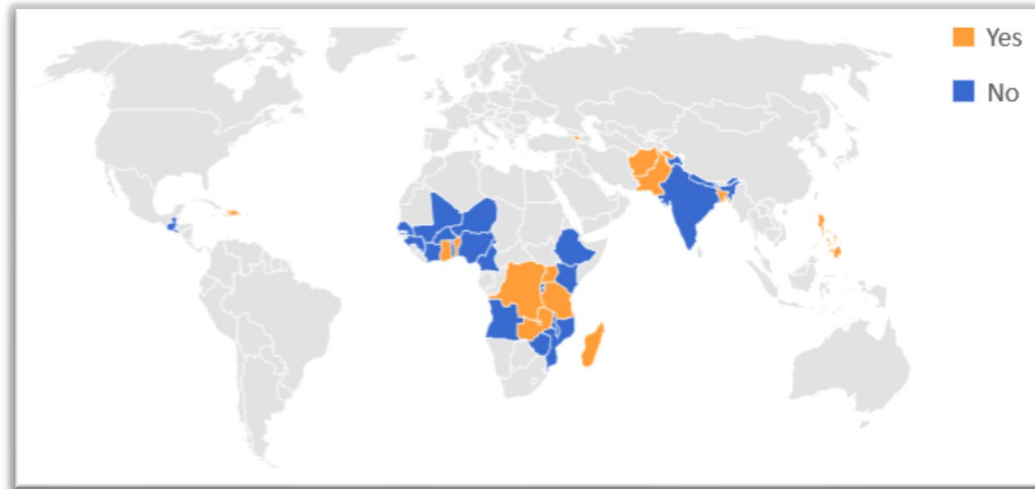
- Government allocates contraceptives to NGOs freely
- Accreditation, continuing education for suppliers, public-private partnerships
- Public health service trains all private sector providers of contraceptives
- MOH provides FP commodities to private hospitals and clinics for free
- National health insurance scheme expanding coverage to FP services
- Government contracts out service delivery to NGOs and private sector
- Provider networks and franchises, subsidies, social behavior change communication, public-private partnerships
- Drug shops sell FP methods over the counter, offering opportunities to reach existing and new family planning clients

## Policy

Countries in which family planning commodities are subject to **duties, import taxes, or other fees**



**2015**  
 (69% of countries surveyed)



**2017**  
 (40% of countries surveyed)



## Resources

**Currently Available on the GHSC website:**  
**[www.ghsupplychain.org/csi-dashboard](http://www.ghsupplychain.org/csi-dashboard)**

- CS Indicators online interactive dashboard
- Narrative report
- Downloadable database (contains additional aggregated results, blank survey, and full survey responses from all countries)

**Available upon request:**

- 2017 CS Indicators Data Collection and Usage Manual
- Past CS Indicators and Index datasets



## Demonstration of the Interactive Dashboard

CS Indicators Dashboard:

<https://www.ghsupplychain.org/csi-dashboard>

For additional questions, please contact:

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- **Suzanne Gold**, GHSC-PSM Monitoring and Evaluation Specialist: [sgold@ghsc-psm.org](mailto:sgold@ghsc-psm.org)



# Uses of the Contraceptive Security Indicators



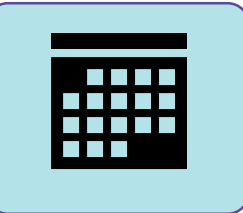
## Advocacy

- Raise awareness about the country's progress toward its FP2020 commitments
- Ensure a dedicated budget line for contraceptive commodities in the national budget
- Increase government spending to meet the forecasted need for contraceptives



## Policy

- Remove barriers to enable the private sector to more easily distribute contraceptives
- Remove barriers constraining young or unmarried people from accessing contraceptives
- Extend national health insurance to cover family planning



## Programming

- Seek public-private partnerships for provision of contraceptive commodities and services
- Strengthen the commodity security committee
- Strengthen the supply chain for contraceptives



# Use of the CS Indicators within the Context of Nepal

Balkrishna Khakurel, P&GR Advisor, USAID GHSC-PSM Project, Nepal





## Family Planning Policy in Nepal: Progress Against FP2020 Commitments

- ❖ **Commitment: Increase budget allocation for FP by 7% each year**

Status: Government allocation goal not met, but increased funding from external development partners at outset.

- ❖ **Commitment: Identify and address barriers to access of FP services among special groups including adolescents and youth**

Status: Progress made. New 2018 Safe Motherhood and Reproductive Health Rights Act ensures services for adolescents and disabled individuals.

- ❖ **Commitments: Strengthen enabling environment for FP, capacity of health institutions and service providers to expand FP service delivery, Increase availability of a broader range of modern contraceptives and improve method mix, increase health care seeking behavior**

Status: Progress made in advocacy, capacity, method mix, communication campaigns.

- ❖ **Commitment: Introduce eLMIS at the district and gradually to the HFs level by end of 2019**

Status: Rollout of eLMIS at regional medical stores and district stores is on track, and it is gradually being rolled out to health facilities.



## Family Planning Policy in Nepal: Change is the New Certainty

- Dramatic developments in donor engagement
- Increased private sector involvement
- A shifting method mix
- Innovations in every area from procurement to last mile delivery

The post-2020 RH ecosystem will not be business as usual. The environment is evolving, and we must adapt.

## The Role of the Family Planning Sub-Committee



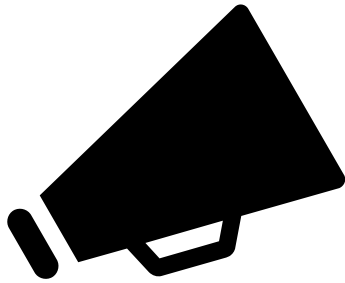
- Responsible for coordination and collaboration among stakeholders in matters pertaining to policy
- Advocates for increased resource mobilization in the public and other sectors
- Serves as a forum for sharing evidence for decision-making
- Serves as a technical resource and makes recommendations

## Functioning of FP Sub-committees, Reproductive Health Coordination Committee



- **Coordinated by:** FP Section Chief, Family Welfare Division / DoHS
- **Includes representation from:** the Demographic Section/Family Welfare Division, Management Division, National Health Education Information Communication Centre (NHEICC), National Health Training Centre (NHTC), the Non-governmental Gender Organisations' Coordinating Council (NGOCC), UNFPA, USAID, DFID, GtZ, KfW, PSI, MSI, and others
- **Is expected to meet:** at least quarterly; however, the last meeting was on July 17, 2018
- Provision for district-level RHCC

## Areas of Advocacy Based on CS Indicators Results



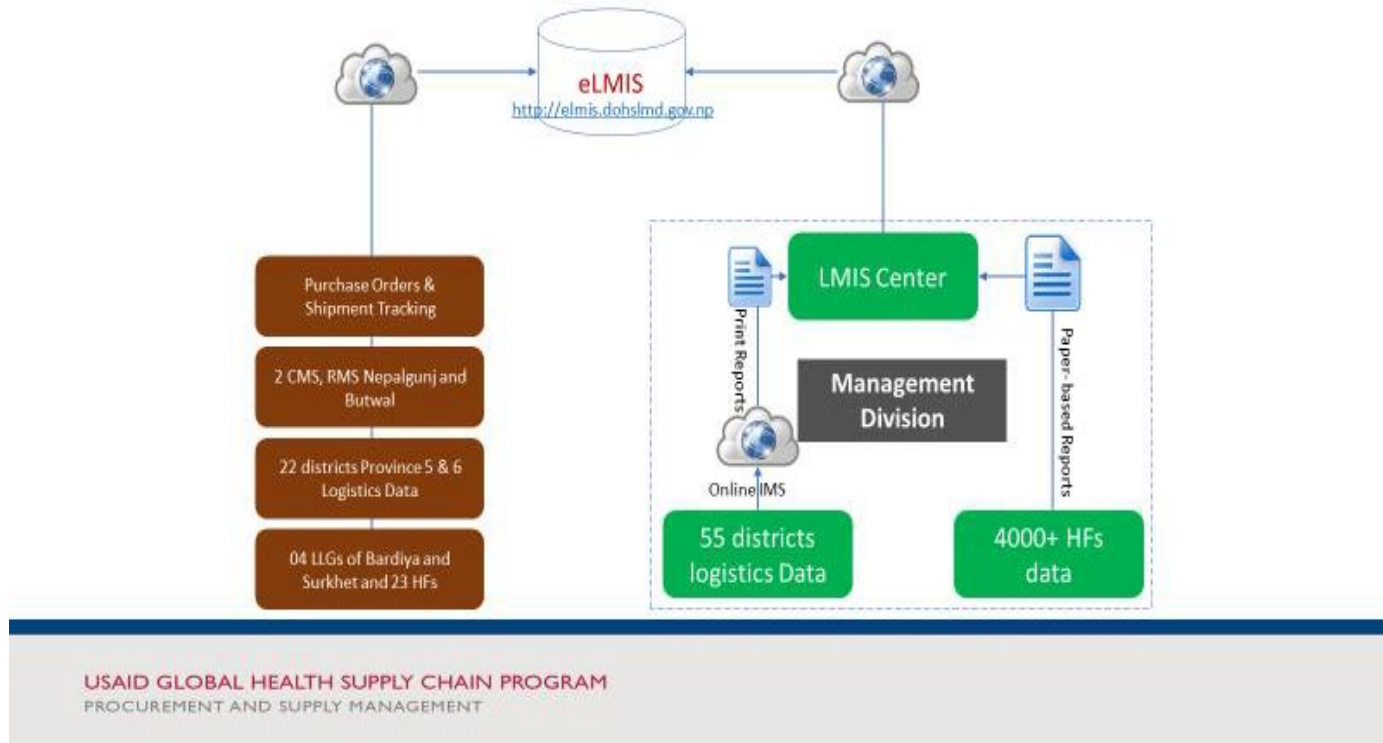
- **Budget alignment**
- **Resource management**
- **Supply chain governance at the federal level**
- **Economies of scale**
- **Institutionalization of supply chain activities at LLG level**



## Enabling Nationwide LMS Data Visibility

An effort to **increase data quality** (accuracy, timeliness, completeness) by making data from different systems (i.e. online IMS and web-based system) visible at the central level

### eLMIS Provides Country Data Visibility





## Areas of Potential Policy and Program Influence

- Possibility of **using the budget for essential drugs** at the province and LLG levels (central allocation and mobilization of own resources) for program drugs through the Nepal CRS Company (best value through negotiation of volume and price)
- **Address the gap between the demand for contraceptives** (forecast) and the supply (commodity procurement)
- **Capture of Purchase Orders** both from provinces and LLGs
- **Increase data visibility** at the LLG level
- **Utilization of eLMIS reports and dashboards** in decision-making related to commodity security, including capture of hospital and private sector logistics data



## Areas of Potential Policy and Program Influence

- **Operation of supply chain governance forums** (e.g. LWG, RHSC, RHCC, FP Sub-committee, LMIS TF, etc.)
- **Scale-up of method mixes** - standard days method, modified implants and injectables
- **Improvement in distribution** - vendor's responsibility
- **Procurement from social marketing or government suppliers** - framework contracts, price disclosure, prices inclusive of distribution, and saving in storage requirements



Thank you for your patience listening!

# 2017 Contraceptive Security Indicators

The USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project is funded under USAID Contract No. AID-OAA-I-15-0004. GHSC-PSM connects technical solutions and proven commercial processes to promote efficient and cost-effective health supply chains worldwide. Our goal is to ensure uninterrupted supplies of health commodities to save lives and create a healthier future for all. The project purchases and delivers health commodities, offers comprehensive technical assistance to strengthen national supply chain systems, and provides global supply chain leadership. For more information, visit [ghsupplychain.org](http://ghsupplychain.org).

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