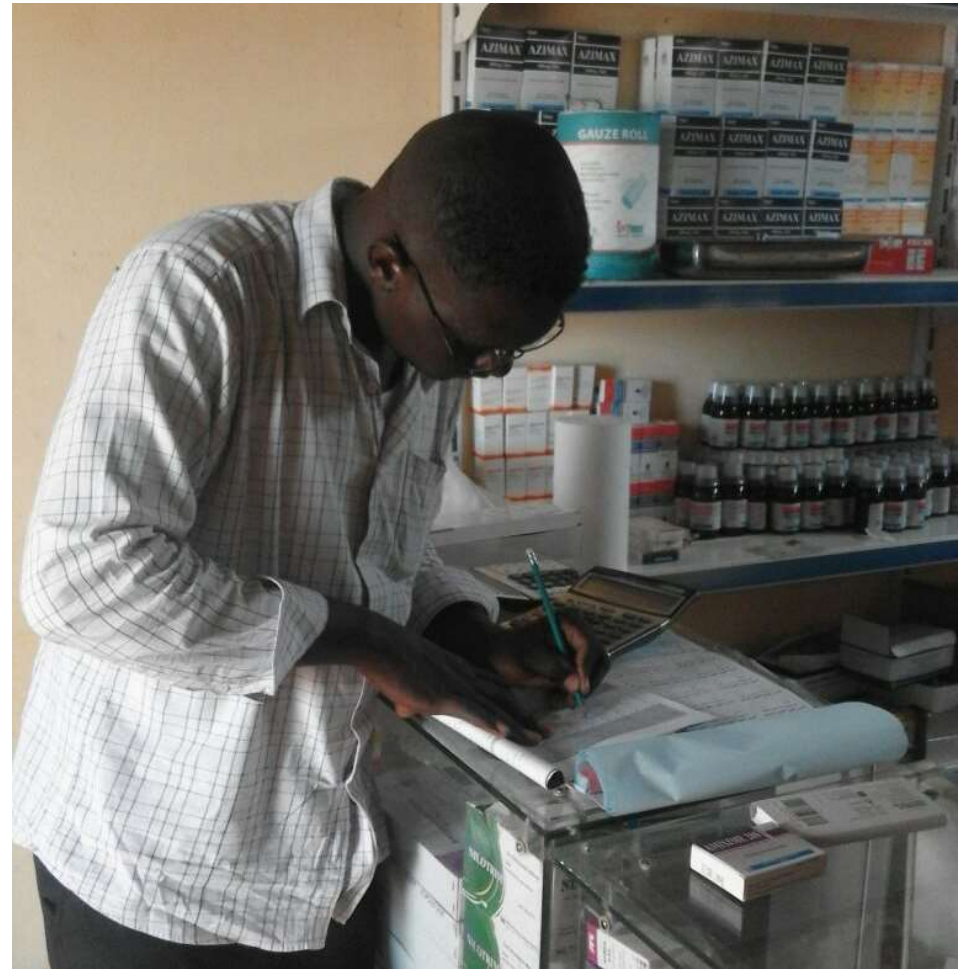


WHAT TO ADVOCATE?

Using Stock outs Data with purpose



FACTS



Focus on issues where you have data and where that data shows meaningful trends

WHAT DATA DO WE HAVE?

Country	Stockouts by method for all methods at Facility Level 2018	Data on Reasons for stockouts	Source of data	Year/s of data
Kenya	√	Do not know from routine data; no national survey since 2015	LMIS	2015 (survey) 2011-18 (LMIS)
Ethiopia	√	Not from routine data, available from national survey	UNFPA Global Supplies SDP Survey	2015 (survey) 2016 (survey) 2017 (survey)
Malawi	√	Available from Routine data but not usually analysed in a report	LMIS UNFPA Global Supplies SDP Survey SPA Survey	2015 (survey – SPA) 2016 (survey – UNFPA) 2016 - 18 LMIS
Tanzania	x	Not from routine data, available from national survey	LMIS UNFPA Global Supplies SDP Survey	2017 (LMIS) 2016 (Survey) 2015 (Survey)
Uganda	x	Not from routine data, available from national survey	UNFPA Global Supplies SDP Survey	2015, 2016
Zimbabwe	√	Available from Routine and Survey data	LMIS UNFPA Global Supplies SDP Survey	Multiple years of LMIS data UNFPA surveys multiple years



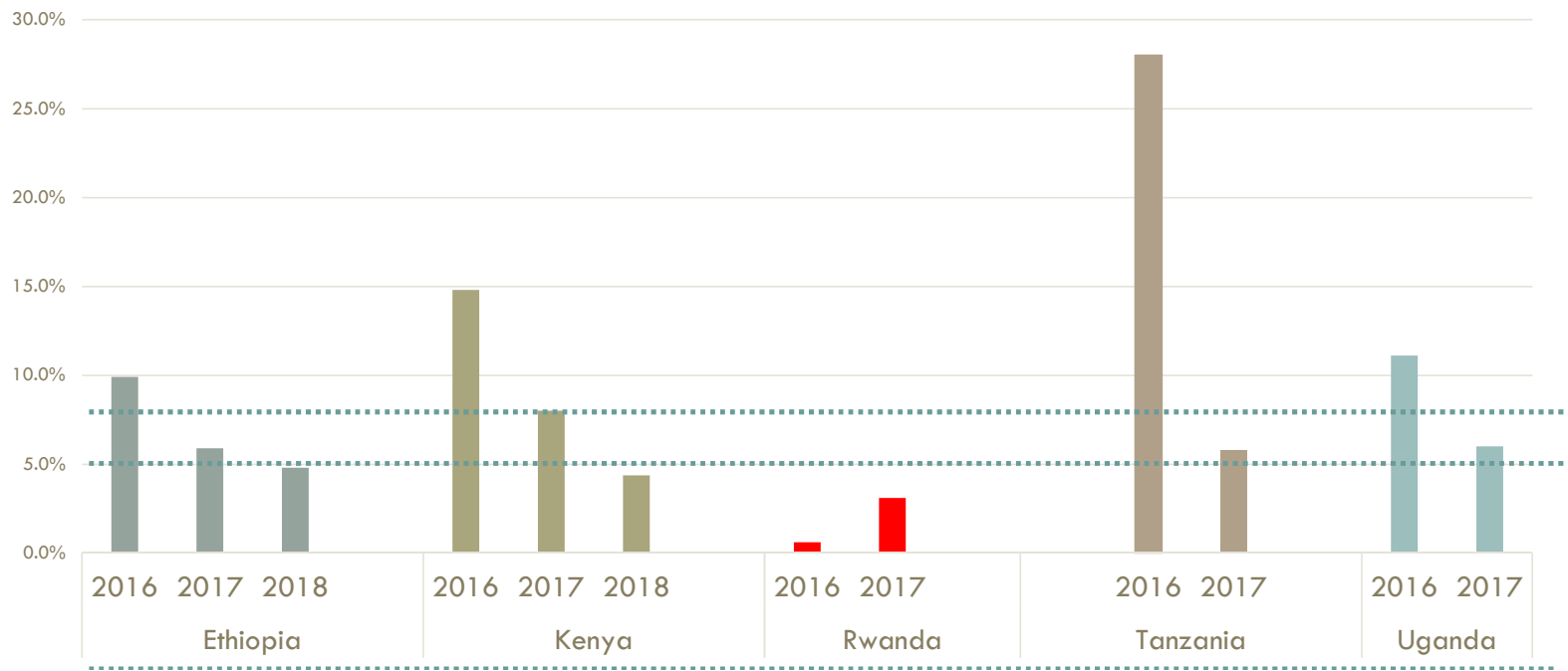
USEFUL TO KNOW WHO IS LOOKING AT THE DATA AND WHY

- LMIS data
 - In many countries, purely a logistics function –so the information is seen by supply chain managers – only.
 - As supply chains improve, stockouts at the facility level are seen as short term imperfections – that can be quickly rectified –
 - The format and reporting cycles are not easily convertible into annual estimates
 - Programme managers – FP focal points – do not see these blips –may be resolved before the end of the HMIS reporting period, AND *usually only one product* – a tracer product is reported on for non-logistic purposes
 - Programme managers more likely to be informed of national level stockouts – as these relate to making emergency procurements, or distribution requests
- UNFPA SDP surveys
 - Seen and discussed at the country level at consensus meetings
 - Provides a window into disparities by sub-national, ownership, residence, availability of trained providers...
- FOR ADVOCACY –
 - important to understand why LMIS and survey data may show discrepant pictures before running with the story

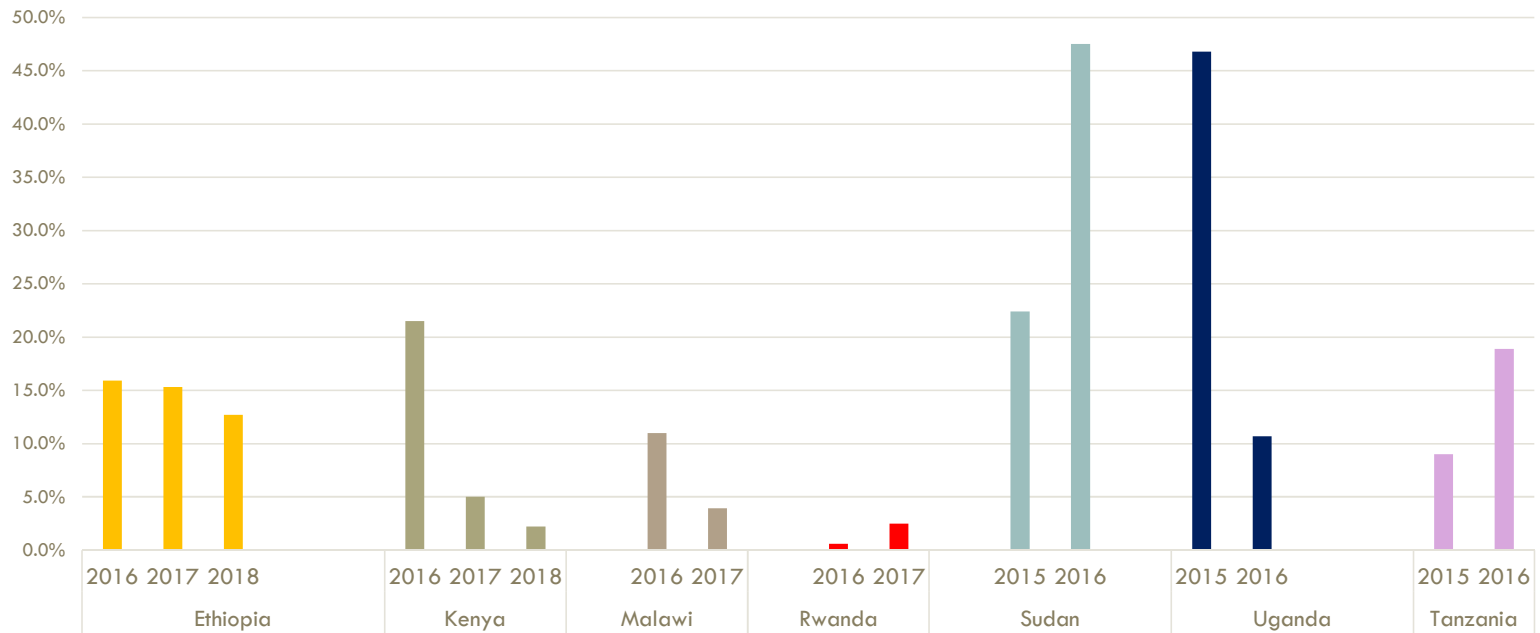
WHAT ARE OUR FACTS?

- Overall, stockouts of popular methods are on the decline in East Africa – this is a good thing
 - This includes pills, injectables and condoms and implants
- Stockouts of less popular methods are high and common – Female Condoms, IUCD and sterilisation supplies
 - The most common reason cited is lack of demand and lack of trained providers for facilities permitted to provide
 - In this instance, stockouts actually makes economic sense when there are no trained providers
- Stockouts of ECs are also high at the facility level – for countries that disaggregate by reason, low demand and lack of resupply are common factors
- LMIS does not report on sterilisation supplies availability, usually only public facilities and is constrained by variation in reporting rates

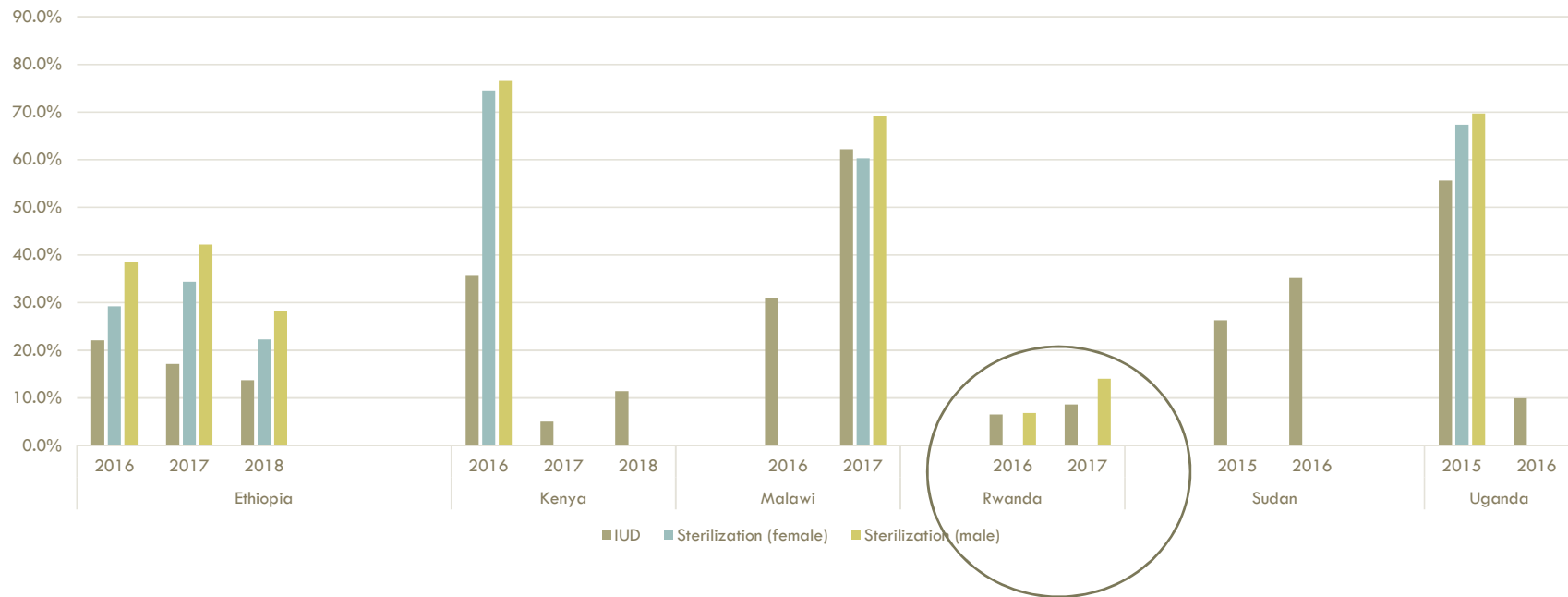
IN GENERAL, LOW AND DECLINING TREND IN STOCKOUTS FOR MOST POPULAR METHOD



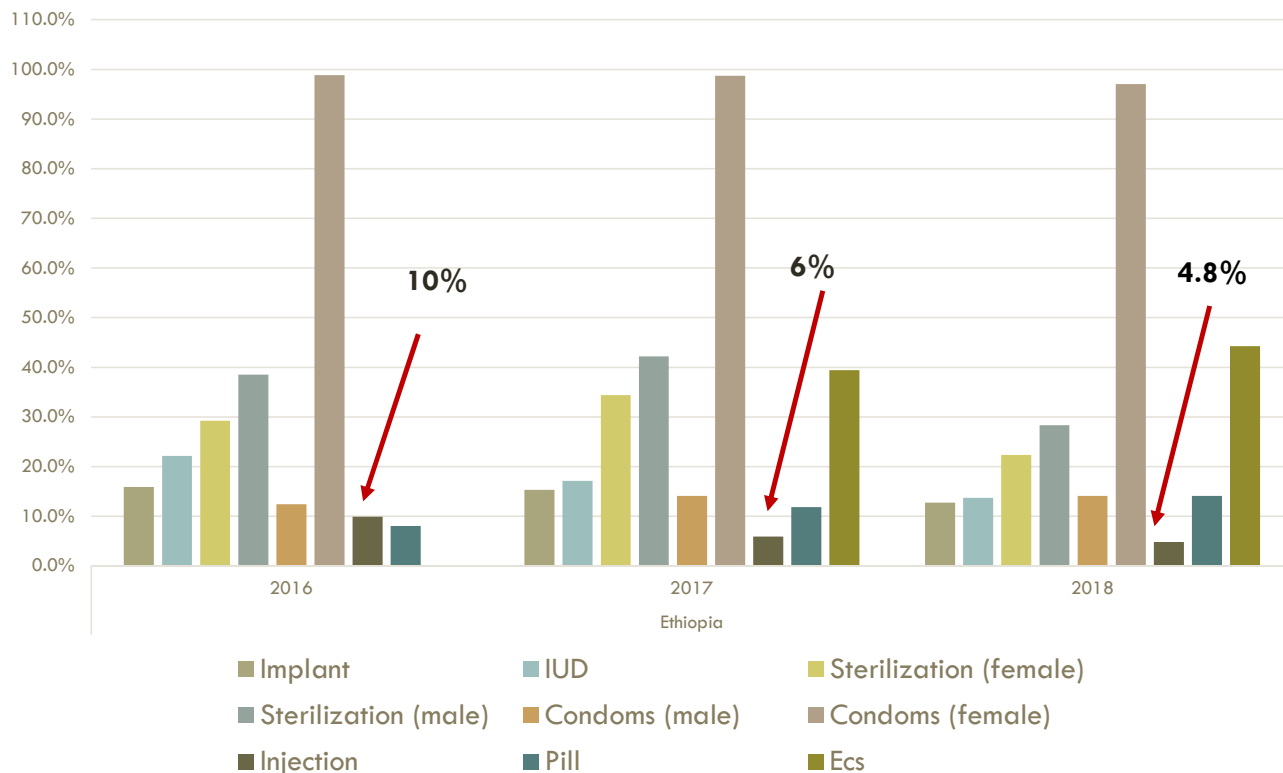
IMPLANT TRENDS ALSO SHOW A DECLINE IN GENERAL



IUD, FEMALE AND MALE STERILISATION HIGH IN MOST COUNTRIES



EXAMPLE 1: TRENDS ARE IMPROVING OVERALL... AND PATTERNS ARE CONSISTENT

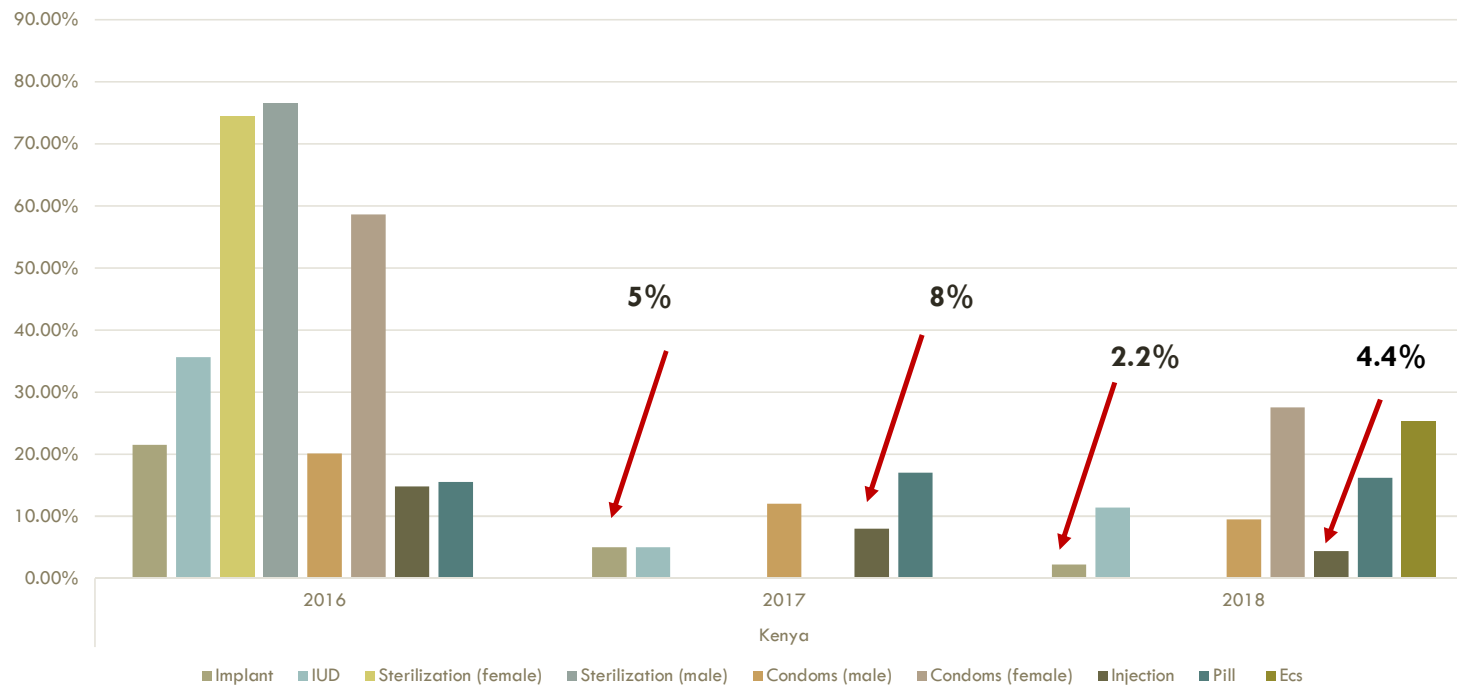


Stockouts of most popular methods are declining and negligible for Injectables which is monitored routinely and is the most popular method

Advocacy message 1: Measurement matters:

The programme (not just logistics staff) have an interest in monitoring other methods and triangulating this with availability of staff to insert/remove, with counseling on side-effects to expand use/reduce discontinuation for non-fertility related reasons

EXAMPLE 2: TRENDS LESS CLEAR AND DATA SOURCES DISSIMILAR

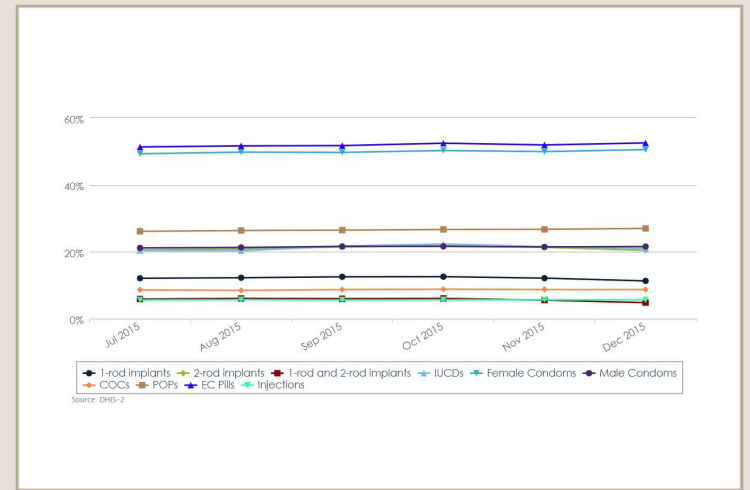
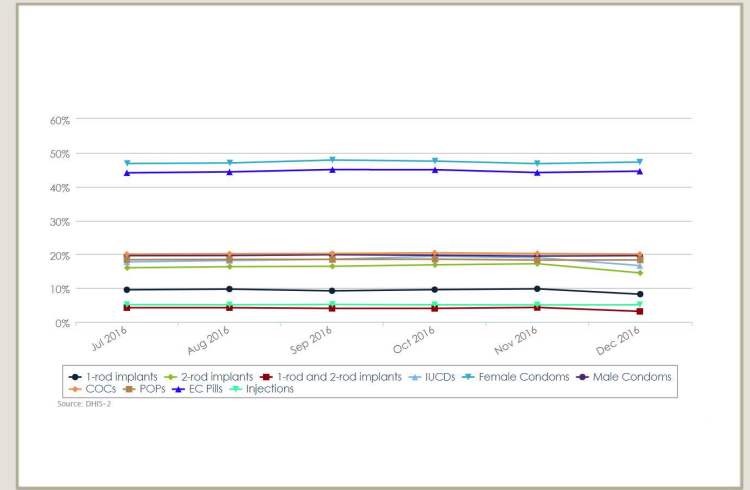
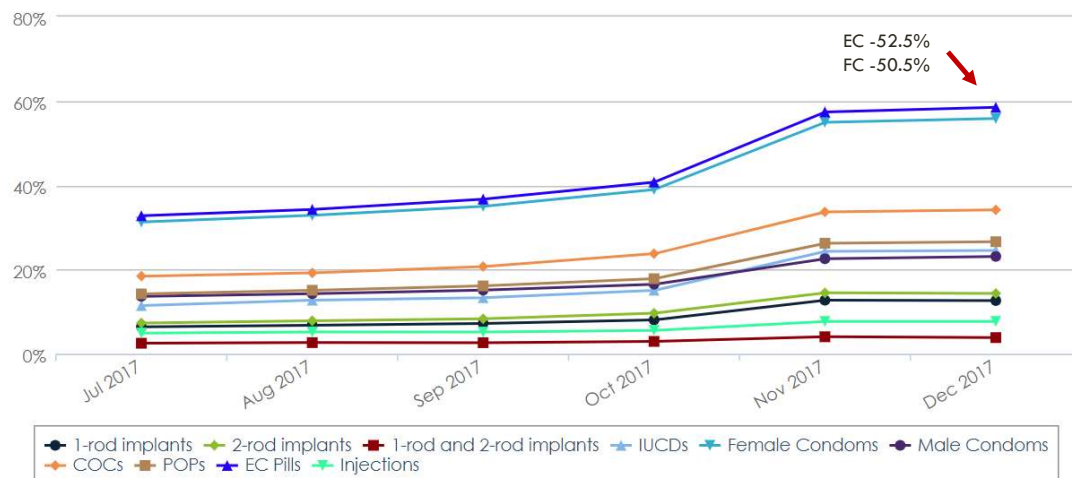


Stockouts of most popular methods are declining and negligible for Implants and Injectables.

Comparing survey and LMIS data:

LMIS stockout rates trend lower than survey estimates
 Survey includes private facilities and is a random sample – LMIS depends on facilities reporting

Example 3: Comparing LMIS data only – Clear that methods that are important to sub-populations have high levels of stockouts at the facility level.



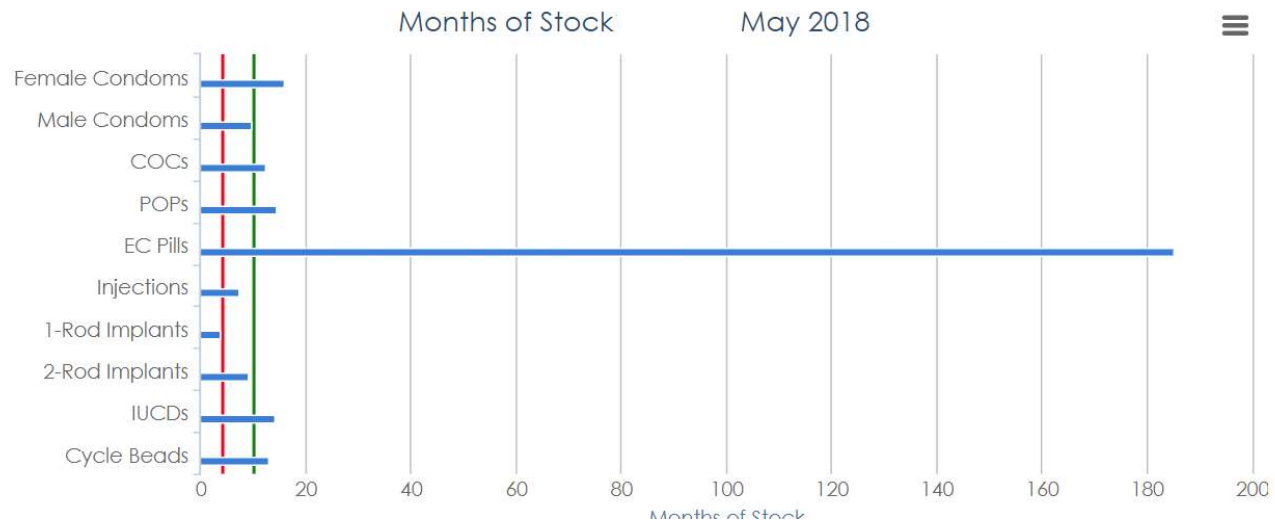
- **Advocacy Message 2: Equity in Benefits package** for public facilities ECs, IUDs, Sterilisation – differential levels by sub-national region imply different benefits
- High levels ECs and FCs compared to other methods imply sub-populations are being disenfranchised?

IT ALL DEPENDS ON WHEN YOU LOOK

Message to Advocates:
Seasonality matters – one data
point not sufficient to tell a story



Source: DHIS-2

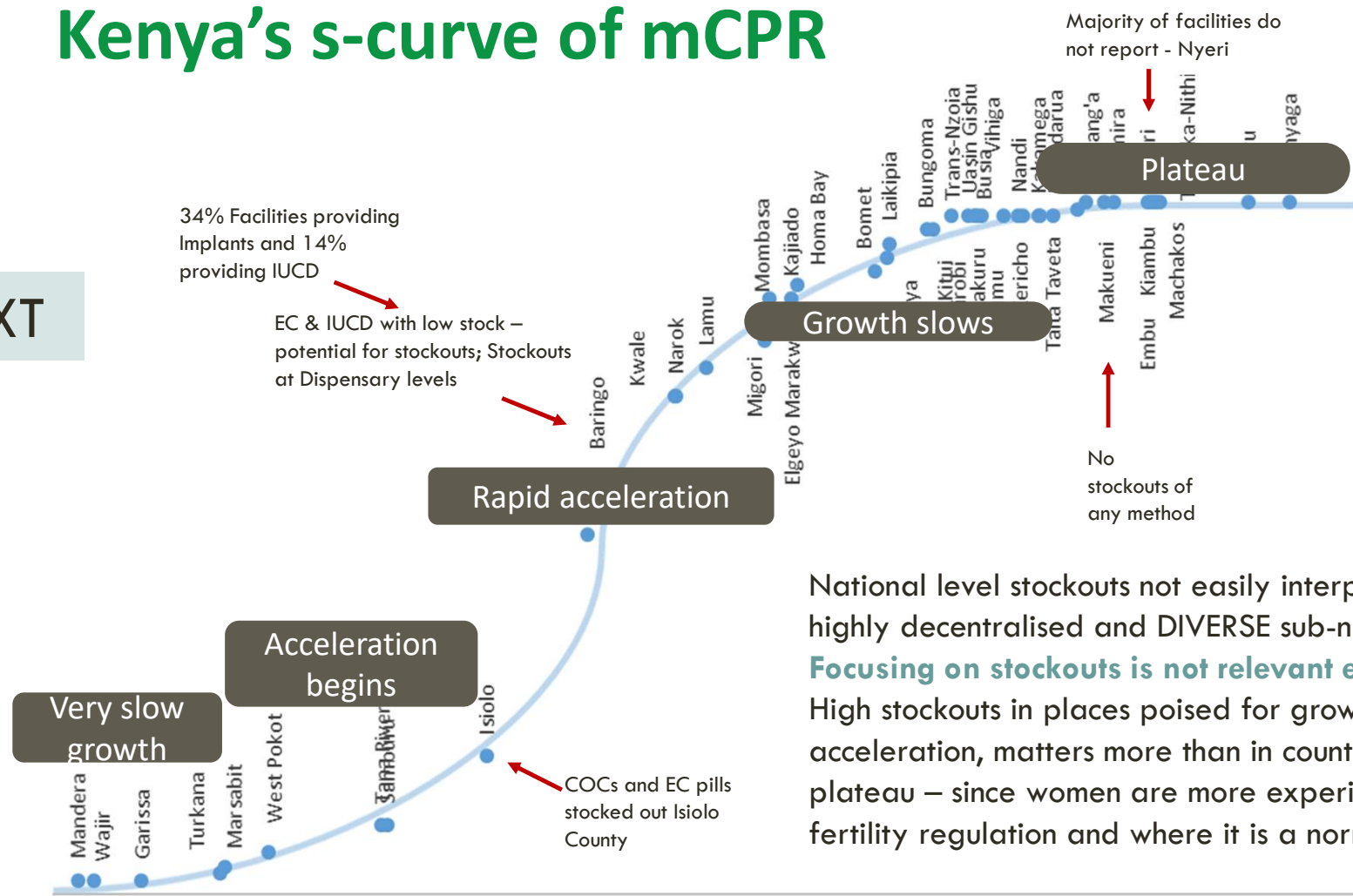


WHAT OTHER DATA IS IMPORTANT?

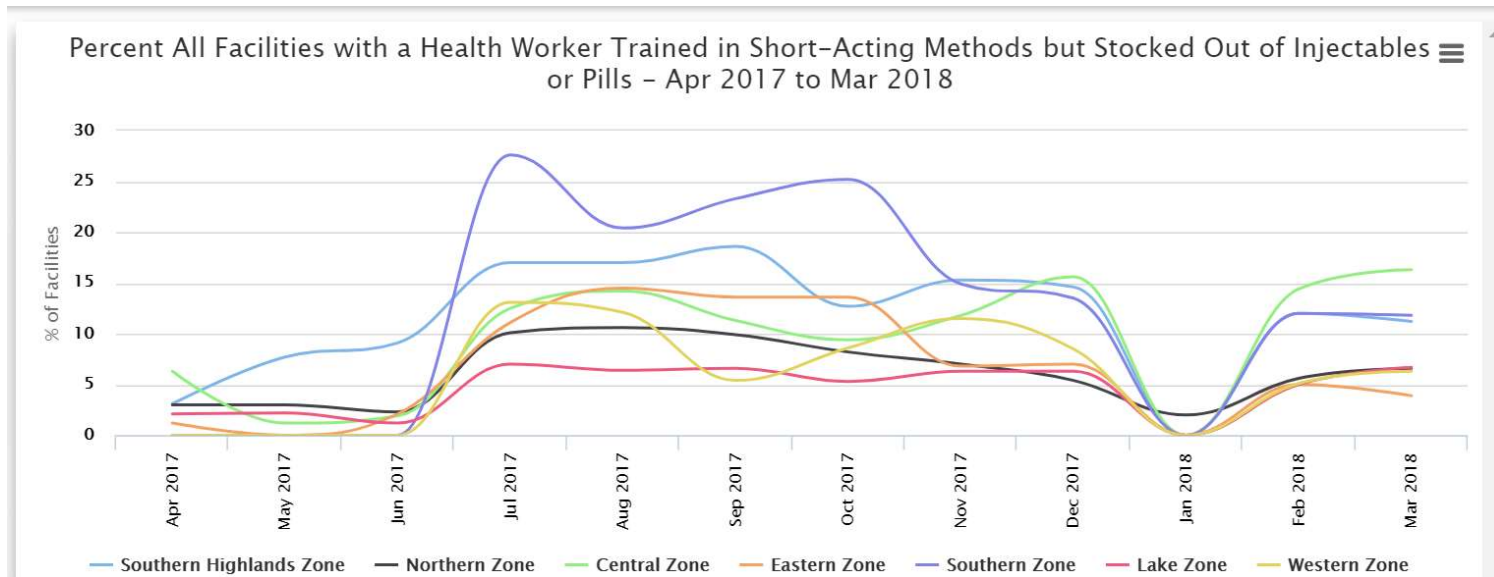
The context of stock availability

Kenya's s-curve of mCPR

CONTEXT



National level stockouts not easily interpretable in a highly decentralised and DIVERSE sub-national context. **Focusing on stockouts is not relevant everywhere.** High stockouts in places poised for growth or acceleration, matters more than in counties at the plateau – since women are more experienced in fertility regulation and where it is a norm



EXAMPLE 7: TRIANGULATING TRAINING AND STOCK AVAILABILITY: IMPORTANT FIRST STEP
WHAT MIGHT BE MORE USEFUL FOR SHORT TERM METHODS?



FACILITIES WHERE PROVIDERS ARE TRAINED IN BOTH TYPES OF IMPLANTS HAVE LOWER STOCKOUTS



- More Methods routinely – not just a tracer
- Better alignment of stocks and providers
- Equity of benefits – sub-population, sub-national
- Indicator within DHIS2/HMIS – measurement = monitoring = improved outcome

IMPROVING VISIBILITY OF STOCK OUT AND HR ARE IMPORTANT MESSAGES FOR THE PROGRAMME