



Tested community-led oversight strategies for tracking family planning (FP) supplies to the 'last mile'

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Presentation Outlines

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Background

- During the RHSC 2016 in Seattle, some members of the AAWG met and discussed a concept note to be presented to Advance Family Planning Initiative for funding
- Develop and test accountability approaches for monitoring commitments for family planning supplies funding



Background

- **Objective:** To develop community-led oversight strategies for tracking the implementation of national and 'last mile' family planning (FP) supplies funding using bottleneck analysis and independent monitoring. As a result, sustainable community ownership and long term oversight structures for FP supplies will be in place at various levels
- Implemented by two partners of Advance Family Planning Initiative: Reproductive Health Uganda (RHU) and Johns Hopkins Centre for Communication Programs Tanzania, funded by PAI OpportunityFund



Background

- Angeline Mutunga- Jhpiego
- Erica Belanger- SafeHands for Mothers
- Halima Shariff- Johns Hopkins Centre for Communication Programs Tanzania
- Sono Aibe- Pathfinder International
- Victoria Boydell- WHO
- Wendy Turnbull- PAI



Introduction

- In Uganda, the issue of commodity stock-outs is not necessarily lack of commodities, but rather the inefficiencies in the supply chain
- These barriers relate to:
 - ✓ Poor forecasting and quantification at facility/district level
 - ✓ Limited implementation of the redistribution strategy, etc



Interventions

- In December 2017, RHU and Access Global Ltd (AGL) facilitated training sessions on social accountability and health rights using the [CARE International Community Score Card](#), in one selected district of western Uganda- Kapchorwa
- Fifteen select community members attended: representatives from the village health team, women, youth, and health unit management committees



Interventions

- The trained community members and AGL conducted key informant interviews and community dialogues and researched archival records to collect detailed data to:
 - ✓ identify bottlenecks in the supply chain at national, district and community level
 - ✓ identify power centres in the supply chain
 - ✓ And eventually propose community-based strategies to be used by the community at the last mile



Methodology

- Data from private and public sector was collected through document review, key informant interviews, archival records and community dialogues
- Community dialogues and detailed studies were conducted for three of the selected health facilities (Sipi HC3, Kapchorwa Hospital, Kaserem HC3 and RHU HC2)



Methodology

- Quantitative data was analysed to determine whether stock was accumulated or out of stock
- Qualitative data from the different sources was corroborated to identify the key bottlenecks affecting the supply chain, power centres and community-based strategies to address the bottlenecks



Key Findings

- Family planning unit at the health facility is not usually involved in making orders for family planning commodities hence stores may order less or more than required commodities
- **Occurrence of stock outs** at all lower facilities of short acting methods- injectable, male condoms, oral pills, etc, for three months, at least once in a year
- **Occurrence of accumulation** of nine months of stock of Depo provera; and IUDs available but no uptake in over one year at the district hospital



Key Findings

- The national supply chain audit of 2017, revealed stock accumulation most frequent for IUDs at 12.8% of the organisations audited followed by misoprostol at 12.5%, female condoms at 9.1% and ECP at 8.2%

- **Occurrence of stock expiries at one lower facility:**
 - ✓ 450 pieces of IUDs expired in March 2017;
 - ✓ 80 doses of injection Noristerat expired in September 2017
 - ✓ 70 virals of Norygynon in stock which were due to expire January 2018



Key bottlenecks in the supply chain

- The major causes of accumulation and expiration identified include the following:
 - ✓ Low uptake due to unavailability of skilled staff to administer services
 - ✓ Low levels of awareness among FP users and health workers
 - ✓ Receipt of commodities with short expiry time
 - ✓ Absence of an adequate budget for redistribution and redistribution plan
 - ✓ Poor ordering of FP commodities from partners
 - ✓ Poor stores management and FP records management



Key Results

- In April 2018, RHU and AGL facilitated a workshop targeting the community representatives, service providers and CSOs to discuss the findings
- Developed a community-led framework to track and monitor supplies
- The framework emphasises inclusion of community feedback on FP commodities into reports by village health teams and CSOs



Key Results

- Facilitated a workshop of the team on AFP SMART and developed a SMART strategy with the ASK to the Kapchorwa district local government: **Adopt and approve the community-led oversight framework to monitor and track FP commodities to the last mile**
- After going through the necessary district committees, in June 2018, the secretary for social services presented the framework to the Kapchorwa District Council



Key Results

- The framework was approved by the council with no objections

- The framework includes:
 - ✓ conducting monthly drug monitoring reports for district health offices,
 - ✓ integrating family planning into an existing supervision tool, and
 - ✓ including community feedback on contraceptives and services into reports by village health teams and implementing partners.



Key Results

- Since the approval of the framework:
 - ✓ Different partners and community representatives regularly give updates on commodity status
 - ✓ Redistribution is approved from facilities with more stocks to those that are stocked out
 - ✓ All facilities that had accumulated stock commodities were distributed to those that needed them
 - ✓ IUDs were redistributed to facilities that had committed trained health workers who were offering the service
 - ✓ The district health officer committed some funds for implementation of the Redistribution Strategy



Next Steps

- RHU plans to document the best practices for sharing at national level, for purposes of replication to other the districts

