Building the Evidence:

Unique Stockout Challenges of FBO Health Facilities

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Acknowledgements

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Why?

- In many countries, FBOs provide 30-70% of health care.

- Many FBOs have struggled to maintain adequate stocks of medicines and supplies, often using cost-sharing approaches to prevent shortages.

Study Goal

- Identify distinct types of FBO supply chain systems, the performance of the types in terms of stockouts, the associated challenges these supply chain systems face that contribute to stockouts, and recommend possible solutions.

Methods

Data collection in 3 parts:

- Email Surveys: 46 facilities in 13 countries

- Phone Interviews: 16 in 8 countries

- Country Visits: Cameroon and DR Congo

Key Findings

- 55% of surveyed facilities had experienced stockouts of contraceptives in the prior three months, though most had found other sources or substituted other products

- Unreliable relationships with supply sources
    - Public sector's inadequate financing leads to stockouts
- Financial models for management of contraceptives and FP services
    - Particularly considering that cost is one of the main barriers to clients accessing RH and FP services
    - Charging modest fees for contraceptives, materials &/or services can lead to more consistent & sustainable services

Key Findings

- Quality assurance monitoring and reporting mechanisms in most facilities

- African FBO supply systems differ between and within countries

- FBOs show ingenuity -- filling gaps & accessing diverse sources

- But they cannot consistently offer full choice to their FP clients

Typologies of FBO Supply Chains

Contraceptives integrated in supply chains for other RH commodities

1. Vertically Integrated
   - Contraceptives & other commodities are sourced through FBO-run supply chain.

2. Public-Sector Reliant
   - Contraceptives & other commodities sourced through MOH (or public sector) supply chain.

3. Blended
   - Contraceptives & other commodities sourced through both FBSO & MOH supply chains.

Typologies continued…

Contraceptives separated from supply chains for other RH commodities

1. Mixed
   - Contraceptives sourced via MOH-sector sources; Other commodities obtained via Other sources (not FBSO, MOH depots, or International sources).

2. Ad hoc
   - Contraceptives obtained via International sources; Other commodities can be sourced via FBO-run supply chain and Other sources.

Average % of Tracer Contraceptives & Other RH Products Stocked Out

1. Vertically Integrated
   - 17% and 13%
2. Public-Sector Reliant
   - 9% and 6%
3. Blended
   - 34% and 35%
4. Mixed
   - 12% and 11%
5. Ad hoc
   - 23% and 23%

Key Characteristics

- The number of facilities with stockouts tended to be highest in *Blended* type and lowest in *Public-Sector Reliant* and *Mixed* types.

- The number of products stocked out tended to be highest in *Blended type* and lowest in *Mixed* and *Vertically Integrated* types.

- Facility types with lowest stockout rates also charge clients the least for FP services.

- Integrated facilities (*Vertically Integrated*, *Public-Sector Reliant*, and *Blended* types) carried more RH commodities and were more likely to charge fees for FP services than Separate facilities (*Mixed* and *Ad hoc* types).

Reducing Stockouts in FBOs Supply Systems in Cameroon

Goal:

- Build a national alliance of FBO champions to advocate for/raise awareness of stockouts in FBOs in Cameroon

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We have an opportunity to work together to reduce stockouts and help our families. Let us continue the momentum to raise awareness and serve others.

-- Prof. Pius Tih Muffih, Director of Health Services, Cameroon Baptist Convention Health Services