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 Opportunity Fund.
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