

15th
GENERAL MEMBERSHIP MEETING
of the **REPRODUCTIVE HEALTH**
SUPPLIES COALITION
20-24 OCTOBER
MEXICO CITY

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REPRODUCTIVE HEALTH
SUPPLIES COALITION



IMPROVING AVAILABILITY OF RH SUPPLIES IN RESOURCE- CONSTRAINED SETTINGS



EQUITY

Elizabeth Obaje

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Presentation Outline

- Background
- Purpose
- Implementation
- Process
- Requirements
- Achievements
- Challenges



Background

Although a national contraceptives logistics system is in place, according to RHCSA 2008:

- Transport of commodities remains a major issue (*RHCSA 2008*)
- Reports are untimely, inaccurate, and incomplete, reducing availability to data for decision making (*RHCSA 2008*)
- Unmet need for FP is 20.2% (*NDHS 2008*)
- Long periods of stockouts (74-130 days) for all contraceptives (*RHCSA 2008*)



Review and Resupply Meetings (RRM)

- Ensure continuous availability of contraceptives in all public sector facilities nationwide
- Ensure all Nigerian women of reproductive age can choose, obtain, and use contraceptives when they need them



Implementation

1. Develop/adapt standard operating procedures
2. Develop feedback report template
3. Draw up a yearly meeting calendar
4. Develop meeting clusters
5. Identify central meeting venue for each cluster
6. Assure access to finance for transportation allowance, etc.



RRM Process

- Service providers meet with the LGA MCH coordinators and state FP coordinators at the end of each review period (bimonthly)
- Service providers present facility data
- Supervisors (LGA MCH Coordinators and state FP coordinators)
 - review and validate data and calculations
 - resupply commodities accordingly
 - provide feedback to participants on their logistics performance



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Requirements

- This distribution model requires relatively few new investments:
 - Transportation allowance
 - Commodities needed for the resupply



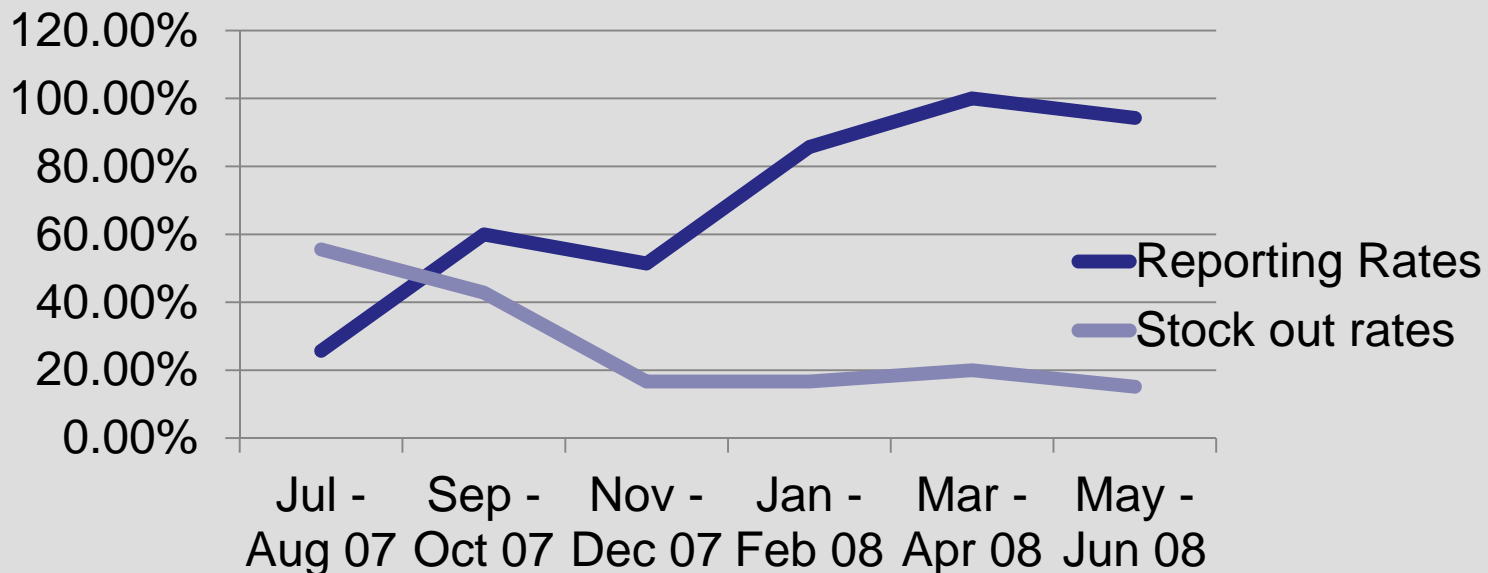
Benefits

- Same day resupply of contraceptives—no lead time between reporting and resupply
- Availability of accurate, timely data for
 - resupply decisions
 - informed state forecasting
 - advocacy
- Opportunity for MCH and FP coordinators to engage service providers in discussions around FP service provisions and to share best practices related to service provisions
- Minimal upfront capital outlay compared to other distribution models (less staff time costs)



Achievements

- Improved reporting and stock availability
 - Nasarawa reporting and stockout rates during the first year of RRM intervention





Challenges

- Requires service providers to travel to the meeting point at a specific time every two months on a regular basis, this potentially takes service providers away from their primary duty a couple of hours every two months
- In the absence of dedicated logisticians, In high uptake facilities, manhandling large quantities could be an issue



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