



## Coordinated Assistance for Reproductive health supplies (CARhs) Progress Report 2013

This annual progress report for the CARhs group provides information on thirteen indicators, which are classified into three sections. Indicators measuring the functionality of CARhs processes are provided in the first section, while indicators of CARhs effectiveness are in the second section. The third section provides indicators of countries and products that are vulnerable to stockout or shortage.

In the past, CARhs indicators have been presented for a variety of timeframes (usually a calendar or fiscal year), responding to whomever had requested the data. This year, CARhs is presenting its indicators on a calendar year basis.

### **A. CARhs Process Indicators**

#### **1. Number of meetings held.**

CARhs has traditionally met monthly and continued to meet monthly this year with a total of 12 meetings held in 2013. CARhs meetings are on the first Wednesday of each month, by phone, and are led by a chairperson. The current chair is the Senior Programme Officer for Reducing Stockouts of the Reproductive Health Supplies Coalition (RHSC), Ellen T. Tompsett. She took over from the United Nations Population Fund (UNFPA) in June 2013.

#### **2. Number of organizations/individuals participating per meeting.**

- Average core participants: 9.
- Average number of guest participants: 1.
- Average number of organizations represented: 5.

Guests included representatives of different units in organizations that are already core members of CARhs, consultants, and one nongovernmental organization—Marie Stopes International (MSI).

#### **3. Number of country representative “guests” participating in CARhs calls to address long-term or recurrent problems.**

Individual country representatives or data providers did not attend any CARhs calls in 2013, although an MSI representative was in attendance to discuss her organization’s reporting.

#### **4. Number of requests for action/information as recorded in the CARhs agenda.**

An issue is classified as “action” or “information only” after the outcome is assigned, because the nature of an issue may change from a request for information to a request for action or vice versa while it is on the CARhs agenda. There were 227 unique issues recorded on CARhs agendas in 2013. Of these, 194, or 85 percent, were assigned an outcome and can thus be classified.

**Table 1. Number of Information and Action Issues in 2013**

Issue Type	Number of Issues	Percentage of Total Issues
Information Request	128	66%
Action Request	66	34%

**B. CARhs Effectiveness Indicators****5. Average number of months that issues remain on the CARhs agenda.**

Issues were on the CARhs agenda an average of 2.1 months before being resolved, which is unchanged from previous years' averages. Of the 227 unique issues addressed by CARhs in 2013, 31 percent remained unresolved longer than average, with the longest issue on the agenda for nine months. This long-running issue concerned purchasing emergency contraceptives (EC) for Ethiopia's Ministry of Health, which reported a near-stockout and requested CARhs assistance. Due to difficulty in quick procurement of EC by both UNFPA and the US Agency for International Development (USAID), the issue remained outstanding while donors attempted to resolve it. UNFPA has been awaiting delivery of an order placed with a manufacturer in February 2013, and USAID has been unable to confirm registration of Postinor-2, delaying its ability to place an order.

**6. Number of countries where a commodity security policy discussion initiated as a result of the crisis.**

None were officially recorded in CARhs notes.

**7. Number of action items on the agenda which are closed and classified with the outcome "CARhs added value."**

Of the 66 action items on the CARhs agenda in 2013, 28 (42 percent) were closed with an outcome in which CARhs added value. (see Indicator 9 for a detailed description of the number and type of value-added actions).

**8. Number of total CARhs agenda items which are closed but classified with the outcome "CARhs did not add value" (e.g. providing info but not leading to averting stockout; sending shipment that arrives too late to help).**

- CARhs action not needed = 12.
- CARhs unable to act = 13.
- CARhs only able to provide information = 13.

**9. Types of CARhs action taken where the outcome is "CARhs added value," according to the classifications below.**

- New shipment created = 13.
- Shipment expedited = 4.
- Shipment postponed = 7.
- Shipment cancelled = 4.
- Product transferred = 0.
- Technical assistance provided = 0.
- Policy advice provided = 0.

**10. Number of information issues from the CARhs agenda which are closed and classified as “CARhs provided valuable information.”**

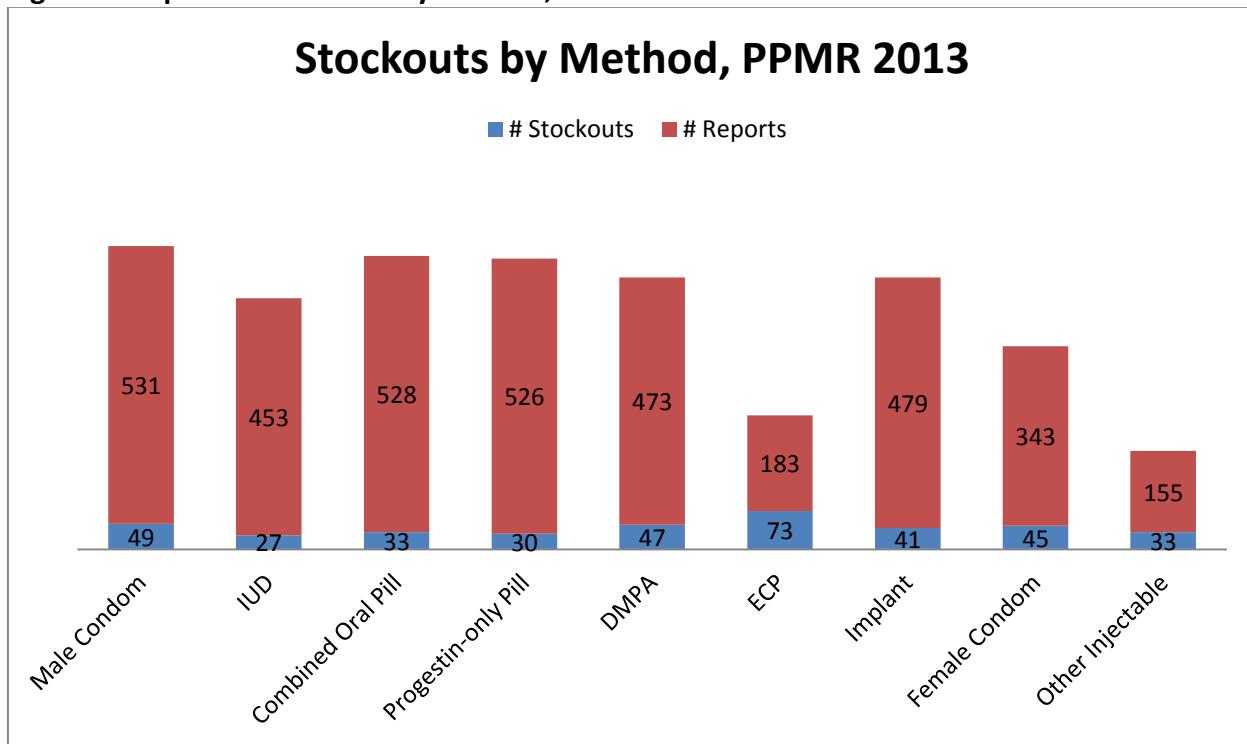
CARhs provided valuable information in 121 out of 128 instances (95 percent).

**C. Vulnerable Product and Country Indicators**

**11. Products with the most stockouts.**

This indicator measures reports of stockouts by product as a percentage of the total number of reports on those products. . The graph below presents this information by method, aggregating multiple products. The graph shows the number of times a method was reported stocked out in relation to the number of times the method was reported in 2013.

**Figure 1. Reported Stockouts by Method, PPMR 2013**



The method with the highest percentage of stockouts across all reports in the Procurement Planning and Monitoring Report (PPMR) was emergency contraceptive pills (40 percent of reports were stockouts). Emergency contraceptive pills are also the method reported by the fewest number of programs. The method categorized as “Other Injectable” includes all non-quarterly injectables, such as Noristerat and Norigynon. “Other Injectables” had the second highest reported number of stockouts, at 21 percent. Female condom (13 percent of reports were stockouts) and DMPA (10 percent of reports were stockouts) were the only other methods with number of stockout reports above 10 percent of all reports.

The most commonly provided products are shown in the next table, along with the percentage of PPMR reports that were stockouts.

**Table 2. Reported Stockouts of Common Products, PPMR 2013**

Product	# Stockouts	# Reports	% Stockouts
CT380A IUD	23	441	5%
ECP (Brand not specified)	26	76	34%
Female Condom	45	343	13%
Implanon	7	90	8%
Jadelle	30	334	9%
Male Condom-No Logo	42	449	9%
Microgynon	26	421	6%
Microlut	28	382	7%
Norigynon	5	28	18%
Noristerat	16	101	16%
Norlevo	11	30	37%
Postinor-2	25	64	39%
Pregnon	11	13	85%
Two-Month Injectable	12	26	46%

Table 2 reinforces the data in the method breakdown shown in Figure 1, with brands of emergency contraceptive pills (Norlevo, Postinor-2, and Pregnon as well as unspecified brands of ECP) all having greater than 30 percent of reports showing stockout. A strikingly high percentage of reports for non-quarterly injectables, such as Norigynon (monthly), Noristerat (bi-monthly), and two-month injectables of unspecified brand, also shows stockouts. Totals in the column labeled “# Reports” also show the relative number of programs reporting that particular brand or method. Male condoms, for example, have a very high number of reports because they are carried by virtually every program reporting in the PPMR, as compared to lesser-used products like Pregnon.

## **12. Causes of supply problems (listed in no particular order).**

This year, causes of supply problems included:

- Poorly managed procurements by in-country actors.
- Product expiry due to overstock.
- Product shortage or stockout due to delayed shipments (manufacturer production issues, orders placed too late to arrive when stocks were needed).

## **13. Number of countries with re-occurring short-term crises.**

For purposes of this indicator, a reoccurring short-term crisis occurs when a program with more than one instance of stock at or below 2 months of stock requests CARhs “Action” or “Information” in the CARhs Agenda.

Countries with programs meeting this definition, and the number of unique issues from each that fit the definition of less than two months of stock (MOS), are listed in Table 3 below.

**Table 3. Countries with re-occurring short-term crises**

Country	# Unique issues with stocks < 2 MOS
Cote d'Ivoire	10
Kenya	8
Togo	6
Democratic Republic of Congo	6
Afghanistan	6
Cameroon	5
Burkina Faso	4
Liberia	4
Zambia	3
Tanzania	2

Several reporting countries had no issues fitting this definition. They include: Bangladesh, Chad, Ethiopia, Guinea, Mauritania, Mozambique, Nigeria, Pakistan, Rwanda, Sao Tome & Principe, Uganda, and Zimbabwe.

#### **D. Additional Observations/Activities**

- CARhs spearheaded the allocation of two million units of Depo Provera by UNFPA, thereby alleviating, and in some cases actually averting, stockouts in five sub-Saharan African countries. In January 2013, CARhs detected some impending and even actual stockouts of Depo Provera. Together with the manufacturer Pfizer, USAID, the USAID | DELIVER project, and UNFPA successfully coordinated pending orders and existing product stock so as to meet the immediate commodity requirements of the countries in need. As a result of this unprecedented cooperation, five countries met their needs for Depo Provera and in so doing, stood to prevent 142,857 unwanted pregnancies, 72 maternal deaths, and 952 infant deaths.
- In June, CARhs launched a strategic planning process with the aim of reviewing the group's goal and objectives over the next two years and bringing them in line, if necessary, with expectations of the RHSC at-large. A number of activities have taken place in preparation for CARhs' first in-person meeting in the last two years. The activities undertaken reviewed and analyzed the operational effectiveness of the group as well as its impact and ability to meet the expectations of external stakeholders and PPMR data providers. Findings from this work are recorded separately from this annual report.
- To better address supply chain challenges facing the distribution contraceptive implants, the CARhs group added new members from the Implants Access Initiative at John Snow, Inc. Their engagement will ensure that CARhs remains central in ongoing discussions over contraceptive procurement between USAID and UNFPA.
- In June, the CARhs group finalized its new PPMR Data Access Policy, which outlines the procedures for sharing PPMR data outside of the CARhs—a growing trend in recent years.

#### ***E. Potential Areas for Improvement***

This year, with the strategic planning activities underway, more detailed analysis on areas of improvement and opportunities has been captured as part of that process.