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# Harmonized Suite of Indicators to Measure Stockouts and Availability of Contraceptives

version 1.0







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**Abstract**

This guidance document introduces and comprehensively defines a suite of indicators with the goal of harmonizing the indicators related to stockouts of contraceptives.

The Reproductive Health Supplies Coalition's Systems Strengthening Working Group developed this indicator guide to help prevent inconsistent measurements of stockouts across organizations, which make it difficult to compare and use data as effectively as the community would like.

Country programs and organizations can use the complete suite of indicators or they can select the indicators that best fit their needs. Included in the suite is one *universal indicator* that all organizations, at a minimum, should track.

To measure stockouts and the related availability of contraceptives, this document classifies indicators into four categories: products or methods offered, point-in-time stockouts, range of methods available, and frequency and duration of stockouts over time.

Each category includes one *primary indicator* and three *additional indicators*. If an organization intends to use indicators for a specific category, we recommend they use, at a minimum, the primary indicator from that category. Based on their needs and ability to collect or access the data, organizations may also choose to use any of the additional indicators. These additional indicators may offer a more detailed or nuanced understanding of stockouts than if only the primary indicators are used.

The indicator reference sheets in this document detail indicator definitions, formulas, purposes, data sources, data requirements, and other related information.

The complete suite of stockout indicators offers a comprehensive understanding of stockouts, as an output of supply chain performance. By using standardized stockout and related indicators from this suite, it will be easier to understand and use the data, make more meaningful comparisons, and present a broader picture of stockouts in a country.

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## Acronyms and Abbreviations

DHS	Demographic and Health Survey
e.g.	for example
eLMIS	electronic logistics management information system
FP2020	Family Planning 2020
GPRHCS	Global Programme to Enhance Reproductive Health Commodity Security
i.e.	that is
IUD	intrauterine device
LIAT	Logistics Information Assessment Tool
LMIS	logistics management information system
LSAT	Logistics System Assessment Tool
MSH	Management Sciences for Health
NGO	nongovernmental organization
PMA2020	Performance Monitoring and Accountability 2020
PM&E	Performance Monitoring and Evidence
product/method	product or method
RH	reproductive health
RHSC	Reproductive Health Supplies Coalition
SARA	Service Availability and Readiness Assessment
SDP	service delivery point
SSWG	Systems Strengthening Working Group
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization





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This document was developed in consultation with the Stockout Indicators Advisory Group of the RHSC Systems Strengthening Working Group (SSWG). We sincerely thank each of the advisory group members for their contributions throughout the process of selecting and defining the indicators. Advisory group members included Kabir Ahmed and Desmond Koroma of the United Nations Population Fund (UNFPA), Aron Betru of Financing for Development, Kelly Blanchard of Ibis Reproductive Health, Alan Bornbusch and Coite Manuel of the U.S. Agency for International Development (USAID), Win Brown of the Gates Foundation and Performance Monitoring and Evidence (PM&E) Working Group of Family Planning 2020 (FP2020), Fabio Castano and Beth Yeager of Management Sciences for Health (MSH), Leslie Patykewich of JSI and SSWG, Scott Radloff and Hannah Olson of Performance Monitoring and Accountability 2020 (PMA2020), Brian McKenna and John Skibiak of RHSC, John Townsend of Population Council, and Wendy Turnbull of PAI. The continuous collaboration, especially with UNFPA and FP2020, including the PM&E Working Group of FP2020, was essential. We also thank Megan Noel of JSI for her review of the document.

To inform this document, stockout indicators were tested in Zambia and Bangladesh, led by the RHSC, JSI, UNFPA, and MSH. We would like to thank the following people for their participation in or assistance with the assessment conducted in Zambia: Maxwell Kasonde, Kenneth Lwando, and Morgan Phiri of the Ministry of Community Development Mother and Child Health; Charles Banda, Stephen Mupeta, and Desmond Koroma of UNFPA; James Mdala of Marie Stopes Zambia; Ellen T. Tompsett of RHSC; and Mika Bwembya, Mwila Lukonde, Nchobeni Luundu, Evans Mwape, Maureen Ngoma, Suzy Sacher, and Gamariel Simpungwe of JSI. Our thanks also go to Mohammad Kibria and Beth Yeager from MSH, who tested the stockout indicators using the electronic logistics management information system (eLMIS) data from Bangladesh.

Moreover, we are grateful to the many people who participated in an initial survey and/or interview about existing and desired indicators. We would also like to thank Erin Berghammer, who led the survey process while interning at USAID.

We hope this reference document and these indicators prove useful to the community at large.



# Overview

## Purpose

This guidance document introduces and comprehensively defines a suite of indicators with the goal of harmonizing the indicators related to stockouts of contraceptives. Country programs and organizations can use the complete suite of indicators or they can select the indicators that best fit their needs. **By using standardized stockout and related indicators from this suite, it will be easier to understand and use the data, make more meaningful comparisons, and present a broader picture of stockouts in a country.**

To make contraceptives more available for the people who want them, these data can be used for program planning, systems strengthening, and advocacy. All organizations and country programs that use stockout indicators can use this document to ensure that contraceptives—also referred to as family planning products—are reliably available to clients.

## Background

Inspired by the Reproductive Health Supplies Coalition's (RHSC) new initiative on addressing stockouts, the RHSC's Systems Strengthening Working Group (SSWG) developed this indicator guide to support the harmonization of stockout indicators across organizations. This guide was developed to help prevent inconsistent measurements of stockouts across organizations, which make it difficult to compare and use data as effectively as the community would like.

Beginning in 2013, to inform the indicator harmonization effort, steps were taken to gather information and to take into account a broad range of perspectives from the global reproductive health community.

The Stockout Indicators Advisory Group, with representatives from across the reproductive health community—including from supply chain, research, and advocacy organizations—informed this indicator harmonization effort.

To select the indicators for this guidance document, we conducted a landscape analysis; which included a survey, key informant interviews, and a review of documents from the key informants. We interviewed key informants at the global- and country-levels; they represented a variety of organizations: organizations that focus on advocacy, the supply chain, service delivery, social marketing, and research. We also interviewed several commercial-sector supply chain representatives.

We asked organizations about the indicators they use (or would like to use) to track contraceptive stockouts and to gauge method choice. We also asked about data collection methods, use of information, challenges encountered, and recommendations for the harmonization effort. We then developed a draft suite of indicators, including input from the advisory group.

Teams, including partner organizations, tested the indicators by making field visits to health facilities in Zambia and by completing a desk analysis of data from Bangladesh’s electronic logistics management information system (eLMIS). Following this, we refined the suite, based on the field test results and additional input from the advisory group.

This document—*Harmonized Suite of Indicators to Measure Stockouts and Availability of Contraceptives*—will also be available in French and Spanish.

For more information about this process, see *Harmonizing Family Planning Stockout Indicators Project: Background Report* (RHSC, forthcoming).

## Suite of Indicators

No single indicator can satisfy the needs of all stakeholders, or capture the full complexity of stockouts. Additionally, supply system maturity and availability and quality of data vary significantly by country. Therefore, instead of suggesting only one indicator, this document offers a suite of indicators; organizations can select those that are appropriate for their needs. Included in the suite is one *universal indicator* that all organizations, at a minimum, should track.

## Indicator Categories

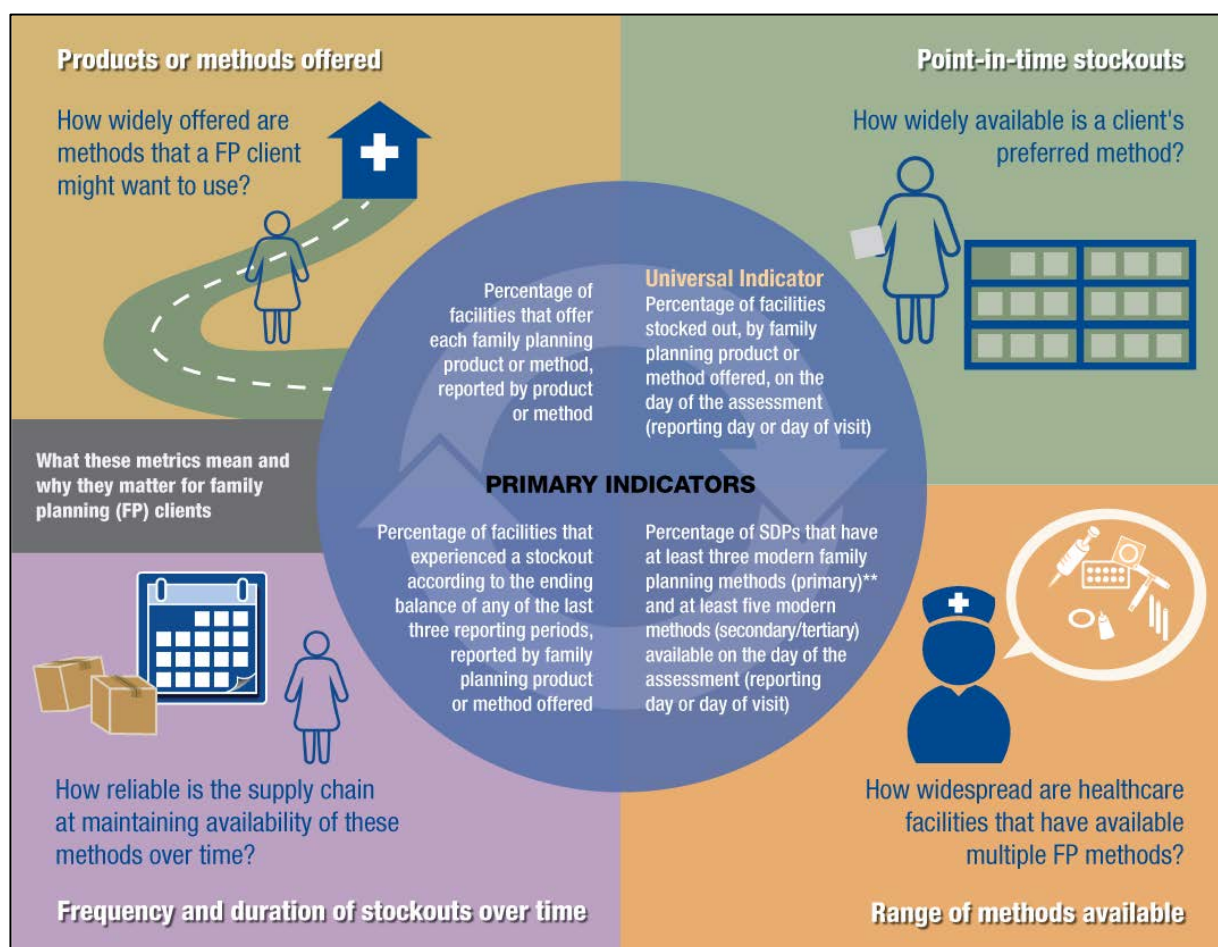
To measure stockouts and the related availability of contraceptives, this document classifies indicators by the following categories:

- A. **Products or Methods Offered:** How widely offered are products or methods that a family planning client might want to use?
- B. **Point-in-Time Stockouts:** How widely available is a client's preferred product or method?
- C. **Range of Methods Available:** How widespread are healthcare facilities that have available multiple family planning methods?
- D. **Frequency and Duration of Stockouts over Time:** How reliable is the supply chain at maintaining availability of products or methods, over time?

Each category includes one primary indicator and three additional indicators, as explained in the next section.

Figure 1 illustrates the purpose for each of the indicator categories.

Figure 1. Indicator Categories and Primary Indicators



In late 2016 or early 2017, this indicator will change to five methods for primary level facilities as well (per FP2020 guidance).  
Source: JSI Research & Training Institute, Inc.

## Universal, Primary, and Additional Indicators

To harmonize the information reported by various organizations and country programs, we designated a single *universal* indicator for all organizations to collect; it will enable them to track stockout results consistently across countries, over time.

*The universal stockout indicator is the following: Percentage of facilities stocked out, by family planning product or method<sup>1</sup> offered, on the day of the assessment (reporting day or day of visit).*

The point-in-time stockout indicator is the foundation upon which many other stockout indicators are based. It is the most reliable and feasible stockout indicator; it is easy to understand. The

<sup>1</sup> As further explained in the *Reporting by Product or Method* section, the data for most indicators can be reported by product or by method, depending on the purpose of the data collection and use.

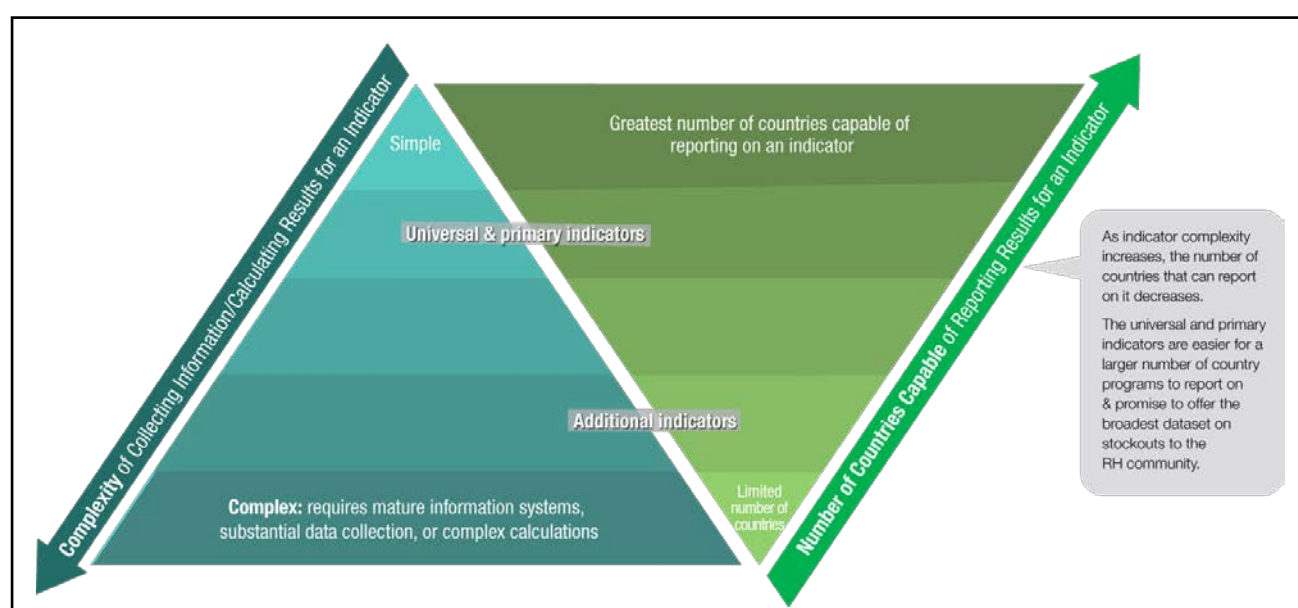
universal indicator is most useful for interpreting supply chain performance when it is collected regularly during a year.

Each of the four indicator categories includes one *primary indicator*. If an organization intends to use indicators for a specific category, we recommend they use, at a minimum, the primary indicator from that category.

The universal and primary indicators were selected because they are easier for a larger number of country programs to report on. They do not require highly mature information systems or complex calculations. Therefore, they offer the reproductive health community the broadest dataset on stockouts that can be feasibly collected (see figure 2).

We also included, for each category, a subset of *additional indicators* that organizations may also use, based on their needs and ability to collect or access the data. These additional indicators may offer a more detailed or nuanced understanding of stockouts than if only the primary indicators are used.

**Figure 2. Relationship between Complexity of Reporting Indicator Results and Number of Countries Capable of Reporting**



Source: JSI Research & Training Institute, Inc.

The complete suite of stockout indicators offers a comprehensive understanding of stockouts, as an output of supply chain performance. It does not, however, provide a complete picture of supply chain functionality. For better supply planning and a deeper understanding of overall supply chain performance, other indicators should also be used. For more information, see resource documents, such as *Measuring Supply Chain Performance: Guide to Key Performance Indicators for Public Health Managers* (Aronovich et al., 2010).

Table 1 lists the primary indicators for each indicator category, as well as sample results for these indicators.

Table 1. Primary Indicators by Category, with Sample Results

Indicator Category	Primary Indicator for the Indicator Category	Sample Results
A. Products or methods offered	Percentage of facilities that offer each family planning product or method, reported by product or method	<p>"22% of assessed SDPs offer implants as a family planning option (i.e., had stock of or issued/dispensed them at some point during the last 12 months), according to logistics reports."</p> <p>"46% of assessed warehouses offer implants as a family planning option (i.e., had stock of or issued/dispensed them at some point during the last 12 months), according to logistics reports."</p>
B. Point-in-time stockouts	<p><i>Universal Indicator<sup>2</sup>:</i></p> <p><i>* Percentage of facilities stocked out, by family planning product or method offered, on the day of the assessment (reporting day or day of visit)</i></p>	<p>"14% of assessed SDPs that offer male condoms (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them on the day of the assessment visit."</p> <p>"11% of assessed warehouses that offer male condoms (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them according to the ending balance of the last logistics report."</p>

<sup>2</sup> The primary indicator for measuring point-in-time stockouts also serves as the overall universal stockout indicator.

Indicator Category	Primary Indicator for the Indicator Category	Sample Results
C. Range of methods available	<p>* Percentage of SDPs that have at least three modern family planning methods (primary) and at least five modern methods (secondary/tertiary) available on the day of the assessment (reporting day or day of visit)</p> <p>Note: In late 2016 or early 2017, this indicator will change to five methods for primary-, secondary-, and tertiary-level SDPs (per FP2020 guidance).</p>	<p>"95% of assessed primary-level SDPs had at least three modern family planning methods available on the day of the assessment visit, and</p> <p>70% of assessed secondary- or tertiary-level SDPs had at least five modern family planning methods available on the day of the assessment visit."</p>
D. Frequency and duration of stockouts over time	Percentage of facilities that had a stockout according to the ending balance of any of the last three reporting periods, reported by family planning product or method offered	<p>"7% of assessed SDPs that offer implants (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them in at least one of the last three logistics reports, according to ending balances."</p> <p>"16% of assessed warehouses that offer implants (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them in at least one of the last three logistics reports, according to ending balances."</p>

\*FP2020 included these two indicators as their stockout indicators.



## Definition of Stockout

The term *stockout* indicates zero usable stock of the offered product or method at the location being assessed. (Usable stock refers to stock that is not expired or damaged.)

Ideally, the stockout indicators listed in this document will assess the inventory present in the entire facility, not just the facility store or pharmacy. However, we recognize that, in many cases, the information may only represent the facility store or pharmacy, because many stock records and reports only include data from this location; instead of also including what is in clinic rooms or other facility locations.

When reporting, organizations should state where within the facilities the data are collected (e.g., entire facility, facility store or pharmacy, other locations).

## System Levels for Data Collection

All the stockout indicators in this document should be applied at the service delivery point (SDP) level, if possible, not solely at the warehouse level. SDPs are sites where clients (i.e., end users) can access family planning products or methods (e.g., health facilities, pharmacies, community-based distributors, socially franchised clinics, social marketing sales points, or other outlets). Organizations and country programs should note the type of SDPs being assessed.

Data should be collected to allow for disaggregation by SDP type. Indicators should be reported overall (for all SDPs) and, ideally, by SDP type. Reporting by SDP type is most relevant for the *Products or Methods Offered* and *Range of Methods Available* indicator categories, because the number of products or methods offered may vary based on the SDP type.

Assessed SDPs should include all health facilities that national or program guidelines require to offer family planning products; or, if conducting a facility assessment, a representative sample.

If collecting data from SDPs is not feasible, data from lower-level warehouses—e.g., district or regional warehouses—can be used instead for most indicators; include a note indicating the type of facilities assessed. If data are only available from the central warehouse, certain indicators can be modified to assess product availability in the central warehouse and to monitor performance over time.

If the data are collected from more than one type of warehouse, the indicator results should be reported by warehouse type (e.g., district, regional, central).

When indicator data can be collected meaningfully from warehouses, we use the more general term *facilities* in the indicator title. For indicators that are primarily meant to be reported based on data from service delivery points only, we specify *SDPs* in the indicator title. See table 2.

If information is collected both from SDPs and from warehouses for a particular indicator, the indicator results should be reported separately for these different facility types.

Indicator results can also be reported by market sector or channel—e.g., public, nongovernmental organization (NGO), social marketing, commercial—if the data are available for various sectors/channels.

## Reporting by Product or Method

The data for most indicators can be reported by contraceptive product or by method, depending on the purpose of the data collection and use.

Regardless of whether reporting is being done by product or method, this indicator suite focuses on contraceptives; it does not assess the availability of associated equipment or consumables (e.g., syringes) that may be required for service delivery.

For supply chain management, the data for most indicators should be collected by product brand (e.g., Depo-Provera) or product type (e.g., three-month progestin-only injectable). Information by product will be most useful for supply chain decisionmaking.

Information by method can be useful to determine summary or *big-picture* information about availability. If reporting by method, you may consider reporting on these modern family planning methods: injectables, oral contraceptives, emergency contraceptive pills, male condoms, female condoms, implants, intrauterine devices (IUDs), female sterilization, and male sterilization. These are aligned with the methods assessed by UNFPA. Alternatively, you may decide to report based on the World Health Organization (WHO) list of modern contraceptives<sup>3</sup>—excluding the methods that do not require products to be available—such as the lactational amenorrhea method.

With access to raw, facility-level data on products (brands or types), most results can then be reported either by product or by method (e.g., injectables), depending on the purpose of reporting. For some indicators, to be able to report results by method, extra care will need to be taken to ensure all the necessary information is collected for each product. More information about this can be found in the relevant indicator reference sheets.

To convey that an indicator can be reported by product or method, we use the phrase *product/method* in this document to mean product or method. We recommend choosing whether to report relevant indicators by product or by method; and then consistently reporting this way, over time.

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<sup>3</sup> The WHO list of modern methods can be found at <http://www.who.int/mediacentre/factsheets/fs351>.

## Summary of Indicators

Table 2 lists the indicator titles for all the indicators in this suite, including hyperlinks to each indicator's reference sheet, which provide detailed information about the indicator.

Table 2. Summary of All Indicators, by Category

Indicator Category	Primary and Additional Indicators for the Indicator Category
A. Products or methods offered	<p><a href="#">Primary Indicator A1:</a> Percentage of facilities that offer each family planning product or method, reported by product or method</p> <p><i>Additional indicators:</i></p> <p><a href="#">A2.</a> Percentage of facilities that are expected to offer each family planning product or method, reported by product or method</p> <p><a href="#">A3.</a> Percentage of SDPs that are expected to offer each family planning product or method and have trained staff to administer it, reported by product or method</p>
B. Point-in-time stockouts	<p><a href="#">Universal and Primary Indicator B1:</a> <i>Percentage of facilities stocked out, by family planning product or method offered, on the day of the assessment (reporting day or day of visit)</i></p> <p><i>Additional Indicators:</i></p> <p><a href="#">B2.</a> Percentage of facilities stocked out at the end of the reporting periods, averaged over a 12-month period (reported by family planning product or method offered)</p> <p><a href="#">B3.</a> Percentage of facilities that offer the country's most commonly used family planning product or method that are stocked out on the day of the assessment (reporting day or day of visit)</p>
C. Range of methods available  (for SDPs primarily)	<p><a href="#">Primary Indicator C1:</a> Percentage of SDPs that have at least three modern family planning methods (primary) and at least five modern methods (secondary/tertiary) available on the day of the assessment (reporting day or day of visit)</p> <p>Note: In late 2016 or early 2017, this indicator will change to five methods for primary-, secondary-, and tertiary-level SDPs (per FP2020 guidance).</p>

	<p><i>Additional Indicators:</i></p> <p><a href="#">C2</a>. Percentage of SDPs that have at least one modern family planning method for each method category available on the day of the assessment (reporting day or day of visit), reported by method category</p> <p><a href="#">C3</a>. Percentage of SDPs that have at least one modern family planning method for at least four of the six method categories available on the day of the assessment (reporting day or day of visit)</p>
D. Frequency and duration of stockouts over time	<p><a href="#">Primary Indicator D1</a>:</p> <p>Percentage of facilities that had a stockout according to the ending balance of any of the last three reporting periods, reported by family planning product or method offered</p> <p><i>Additional Indicators:</i></p> <p><a href="#">D2</a>. Percentage of facilities that had a stockout at any point during the last three months, reported by family planning product or method offered</p> <p><a href="#">D3</a>. Average across facilities of the total number of days stocked out in the last three months, for facilities that had a stockout (reported by family planning product or method offered)</p>

## Indicator Reference Sheets

This section contains the indicator reference sheets, which detail indicator definitions, formulas, purposes, data sources, data requirements, and other related information.

[Annex 1](#) includes an illustrative data management sheet for the universal indicator. This data management sheet can be adapted for use with the other indicators.



## Indicator Category A - Products or Methods Offered

*How widely offered are products or methods that a family planning client might want to use?*

### Primary Indicator A1

Percentage of facilities that offer each family planning product or method, reported by product or method

#### Definition

##### General Definition:

This indicator measures the percentage of facilities that offer the specific family planning product/method. Offering the product/method refers to generally *providing* or *managing* it. A facility is considered to offer a product/method if it has stocked it or has issued/dispensed the product/method at some point during the last 12 months. Indicator results should be reported separately for each product/method.

See *Additional Definitional Points* below for more information.

##### Additional Definitional Points:

###### Trained Providers

This indicator's definition does not consider the existence of trained providers.

###### Time Period of Data

This indicator should be calculated based on data from the most recent facility assessment—during which information is collected about the last 12 months—or from logistics reports from the last 12 months.

###### Facilities to Be Assessed

Ideally, this indicator should be collected at SDPs. It can also be collected at warehouses. If it is collected from both SDPs and warehouses, results should be reported separately for each.

## Formula

For each product/method —

$$\frac{[\text{Number of assessed facilities that offer the product/method}]}{[\text{Total number of assessed facilities for which information is available on whether the product/method is offered}]} \times 100$$

## Purpose

This indicator measures facility offering of specific products/methods. Facility offering of a product is crucial to ensure the availability of the product. When a facility offers a product, it should make every effort to keep the product in stock regularly. If a facility does not offer the product, another potential issue must be considered, such as a lack of trained providers capable of administering the product to clients.

Many stockout indicators are calculated only for facilities that offer the product/method.

## Notes or Issues

### Product or Method

This indicator can be measured by product brand (e.g., Depo-Provera), product type (e.g., three-month progestin-only injectable, reported separately from one-month combined injectable), or method type (e.g., injectable contraceptive). We recommend choosing one of these ways to report and then consistently reporting this way, over time (whether reporting by product or by method).

### Reporting Numerators and Denominators

It is important to report not only the indicator result for each product/method, but also the numerator and denominator and what they comprise; this will provide information about the sample size or reporting rate used to calculate the indicator. Providing this information will clarify the changes in indicator results, over time.

Data Sources	Data Requirements
<ul style="list-style-type: none"><li>Logistics management information system (LMIS) records or reports</li></ul> or <ul style="list-style-type: none"><li>Health facility assessment results or supervision records<ul style="list-style-type: none"><li>for example, results from secondary sources, such as the UNFPA Facility Assessment for Reproductive Health</li></ul></li></ul>	<p>For each product/method —</p> <p>For denominator:</p> <ul style="list-style-type: none"><li>number of assessed facilities for which information is available on whether the product/method is offered</li></ul> <p>For numerator:</p> <ul style="list-style-type: none"><li>number of the above facilities that offer the product/method (as defined in this</li></ul>



Commodities and Services, the Performance Monitoring and Accountability (PMA2020) SDP survey, or the WHO Service Availability and Readiness Assessment (SARA) health facility survey

Note: if using a secondary source, make sure to report data consistent with the definition noted in this indicator reference sheet.

indicator reference sheet)

#### Example Sentences Indicating Illustrative Indicator Results

- “22% of assessed SDPs offer implants as a family planning option (i.e., had stock of or issued/dispensed them at some point during the last 12 months), according to logistics reports.”
- “46% of assessed warehouses offer implants as a family planning option (i.e., had stock of or issued/dispensed them at some point during the last 12 months), according to logistics reports.”

## Additional Products/Methods Offered Indicators:

### Additional Indicator A2

Percentage of facilities that are expected to offer each family planning product or method, reported by product or method

#### Definition

##### General Definition:

This indicator measures the percentage of facilities that are expected to offer the specific family planning product/method. Indicator results should be reported separately for each product/method.

See *Additional Definitional Points* below for more information.

##### Additional Definitional Points:

###### Expected to Offer

A facility is *expected to offer* a family planning product/method if the national guidelines state that this level of facility is supposed to provide the family planning product/method.

###### Time Period of Data

This indicator should be calculated based on information from the most recent guidelines.

###### Facilities to Be Assessed

Ideally, this indicator should be collected at SDPs. It can also be collected at warehouses. If it is collected from both SDPs and warehouses, results should be reported separately for each.

#### Formula

For each product/method —

$$\frac{[\text{Number of assessed facilities that are expected to offer the product/method}]}{[\text{Total number of assessed facilities for which information is available on whether the product/method is expected to be offered}]} \times 100$$

#### Purpose

This indicator measures the percentage of facilities that are expected to offer the family planning product/method. Setting expectations for product/method provision at facilities is a key step for ensuring the availability of contraceptives.

If information about the existence of trained providers capable of administering the family planning products to clients is available, [indicator A3 \(Percentage of SDPs that are expected to offer each family planning product or method and have trained staff to administer it, reported by product or](#)

[method](#)) can be used instead of this indicator.

## Notes or Issues

### Product or Method

This indicator can be measured by product brand (e.g., Depo-Provera), product type (e.g., three-month progestin-only injectable, reported separately from one-month combined injectable), or method type (e.g., injectable contraceptive). We recommend choosing one of these ways to report and then consistently reporting this way, over time (whether reporting by product or by method).

### Information about Expectations of Product/Method Provision

For this indicator to be useful, there must be a clear, updated policy about which facilities are supposed to offer which family planning products/methods.

### Reporting Numerators and Denominators

It is important to report not only the indicator result for each product/method, but also the numerator and denominator and what they comprise; this will provide information about the sample size or reporting rate used to calculate the indicator. Providing this information will clarify the changes in indicator results, over time.

### Related Indicator

A related indicator, which can be calculated if the information is available, is the *percentage of facilities expected to offer each family planning product or method that do offer it, reported by product or method*. Such an indicator would rely on data collected for this indicator—indicator A2 (*Percentage of facilities that are expected to offer each family planning product or method, reported by product or method*)—and on data collected for [indicator A1 \(Percentage of facilities that offer each family planning product or method, reported by product or method\)](#).

Data Sources	Data Requirements
<ul style="list-style-type: none"><li>National Essential Medicines List or other policy document indicating which facility types are expected to offer each family planning product/method</li></ul>	<p>For each product/method —</p> <p>For denominator:</p> <ul style="list-style-type: none"><li>number of assessed facilities for which information is available on whether the product/method is expected to be offered</li></ul> <p>For numerator:</p> <ul style="list-style-type: none"><li>number of the above facilities that are expected to offer the product/method</li></ul>

#### Example Sentences Indicating Illustrative Indicator Results

- “43% of assessed SDPs are expected to offer oral contraceptives.”
- “81% of assessed warehouses are expected to offer oral contraceptives.”

## Additional Indicator A3 (for SDPs only)

Percentage of SDPs that are expected to offer each family planning product or method and have trained staff to administer it, reported by product or method

### Definition

#### General Definition:

This indicator measures the percentage of SDPs that are expected to offer a specific family planning product/method to clients and that have trained staff routinely available to administer it to clients. Indicator results should be reported separately for each product/method.

See *Additional Definitional Points* below for more information.

#### Additional Definitional Points:

##### Expected to Offer

An SDP is *expected to offer* a family planning product/method if the national guidelines state that this level of facility is supposed to provide the family planning product/method.

##### Trained Provider

For products that require a provider to administer them to clients, an SDP is considered to have trained staff if a healthcare provider who is trained to provide the product is routinely available to administer the product to clients at the facility.<sup>4</sup> The healthcare provider is not required to be present on the day of the assessment visit or report.

National guidelines will provide information about which products/methods require trained staff to administer the products/methods.

##### Time Period of Data

This indicator should be calculated based on information from the most recent guidelines and records or facility assessment.

##### Facilities to Be Assessed

This indicator should be collected for SDPs, but not for warehouses, because warehouses do not need staff who can administer contraceptives to clients.

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<sup>4</sup> When reporting on this indicator, note how you have defined routine availability of healthcare providers to administer the product to clients at facilities.

## Formula

For each product/method —

$$\frac{\left[ \begin{array}{c} \text{Number of assessed SDPs that are expected to offer the product/method and} \\ \text{that have trained staff to administer it to clients} \end{array} \right]}{\left[ \begin{array}{c} \text{Total number of assessed SDPs with information available on whether the} \\ \text{SDP is expected to offer the product/method and has trained staff to administer it} \end{array} \right]} \times 100$$

## Purpose

This indicator measures the percentage of SDPs that are expected to offer the family planning product/method and that have trained staff to administer it to clients. Some products require the skills of trained providers to administer them to clients; for each of these products, only facilities that are staffed to provide the product/method will be able to provide it to clients. Setting expectations for product/method provision at facilities and staffing facilities to provide the product/method are key steps for ensuring the availability of contraceptives.

## Notes or Issues

### Product or Method

This indicator can be measured by product brand (e.g., Depo-Provera), product type (e.g., three-month progestin-only injectable, reported separately from one-month combined injectable), or method type (e.g., injectable contraceptive). We recommend choosing one of these ways to report and consistently reporting in the same way, over time (whether reporting by product or by method).

### Information about Expectations of Product/Method Provision

For this indicator to be useful, there must be a clear, updated policy about which facilities are supposed to offer which family planning products/methods.

### Information about Training

When using LMIS data, information about trained providers may not be available. If assessing warehouses, the availability of trained providers to administer methods to clients will not be relevant. If information on trained providers is not available or relevant, [indicator A2 \(Percentage of facilities that are expected to offer each family planning product or method, reported by product or method\)](#) can be used instead of this indicator.

### Reporting Numerators and Denominators

It is important to report not only the indicator result for each product/method, but also the numerator and denominator and what they comprise; this will provide information about the sample size or reporting rate used to calculate the indicator. Providing this information will clarify the changes in

indicator results, over time.

Data Sources	Data Requirements
<ul style="list-style-type: none"> <li>National Essential Medicines List or other policy document indicating which facility types are expected to offer each family planning product/method</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>National guidelines on healthcare provider training requirements for administering specific family planning products/methods</li> </ul> <p>and</p> <ul style="list-style-type: none"> <li>Health facility assessment results and/or national records on trained providers</li> </ul>	<p>For each product/method –</p> <p>For denominator:</p> <ul style="list-style-type: none"> <li>number of assessed SDPs for which information is available on whether the product/method is expected to be offered and whether there are trained staff to administer it</li> </ul> <p>For numerator:</p> <ul style="list-style-type: none"> <li>number of assessed SDPs that are expected to offer the product/method and that have trained staff to administer it to clients</li> </ul>

#### Example Sentence Indicating Illustrative Indicator Results

“36% of assessed SDPs are expected to offer female sterilization and do have staff trained to administer this method.”





## Indicator Category B - Point-in-Time Stockouts

*How widely available is a client's preferred product or method?*

### Universal Indicator and Primary Indicator B1

Percentage of facilities stocked out, by family planning product or method offered, on the day of the assessment (reporting day or day of visit)

#### Definition

##### General Definition:

This indicator measures the percentage of facilities that experienced a stockout of a specific family planning product/method offered by that facility. It is a point-in-time stockout measurement, based on the stock situation on the day of the assessment visit or from the ending balance of the most recent logistics report. This indicator should be reported separately for each product/method.

See *Additional Definitional Points* below for more information.

#### Note about Universal Indicator

This indicator was selected as the universal indicator because many country programs can report on it; it will make the broadest dataset on stockouts available to the reproductive health community. This indicator is most useful for interpreting supply chain performance when it is collected regularly during the course of a year. Ideally, for a more comprehensive understanding of stockouts in the country, it should be combined with additional indicators from this suite.

##### Additional Definitional Points:

###### Definition of Product/Method Offered

Offering the product/method refers to providing or managing it. A facility is considered to offer a product/method if it has stocked it or has issued/dispensed the product/method at some point during the last 12 months, as defined in indicator A1 (*Percentage of facilities that offer each family planning product or method, reported by product or method*).

This indicator's definition does not consider the existence of trained providers.

###### Data Collection Method

The information for this indicator should be collected through a physical inventory count during a facility visit, or through information on an LMIS report that contains stock balance information.

### Facility Location to Assess

If any usable (unexpired, undamaged) stock of the product/method exists anywhere in the facility—whether in the facility’s store room or dispensing area—the facility should not be considered stocked out of the product/method.

However, we recognize that, in many cases, stockout information may represent only the facility store or pharmacy, because this is the only location considered for many records/reports. When reporting on this indicator, note the location being assessed (e.g., facility store or whole facility).

### Time Period of Data

This indicator should be calculated based on data from the most recent facility assessment or logistics report.

### Facilities to Be Assessed

Ideally, this indicator should be collected at SDPs; it can also be collected at warehouses. If it is collected from both SDPs and warehouses, results should be reported separately for each.

### Formula

For each product/method —

$$\frac{\left[ \begin{array}{c} \text{Number of assessed facilities that were stocked out of the offered family planning product/method} \\ \text{at the time of the most recent facility assessment visit, or according to the ending balance} \\ \text{of the most recent logistics report} \end{array} \right]}{\left[ \begin{array}{c} \text{Total number of assessed facilities that offer the product/method and for which stock data} \\ \text{were available at the time of the most recent facility assessment visit or logistics report} \end{array} \right]} \times 100$$

### Purpose

This indicator measures point-in-time stockouts of specific products/methods in facilities that offer those products/methods. This indicator is measured at a recent point in time to provide close to current information about stockouts.

### Notes or Issues

#### Product or Method

This indicator can be measured by product brand (e.g., Depo-Provera), product type (e.g., three-month progestin-only injectable, reported separately from one-month combined injectable), or method type (e.g., injectable contraceptive). We recommend choosing one of these ways to report and then consistently reporting this way, over time (whether reporting by product or by method).

If reporting by method, it will be important to determine whether facilities that offer more than one product brand or type were stocked out of all of them at the same time; this is the only way the method would meet the criteria for being stocked out. For example, if a facility offers two injectable

brands—Depo-Provera and Noristerat—and, at the time of assessment, the facility was stocked out of Noristerat, but had stock of Depo-Provera; it would not be considered to be stocked out of injectables because it had Depo-Provera in stock.

### Reporting Numerators and Denominators

It is important to report not only the indicator result for each product/method, but also the numerator and denominator and what they comprise; this will provide information about the sample size or reporting rate used to calculate the indicator. Providing this information will clarify the changes in indicator results, over time.

Data Sources	Data Requirements
<ul style="list-style-type: none"> <li>• LMIS reports</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Health facility assessment results, or supervision records <ul style="list-style-type: none"> <li>○ for example, results from secondary sources, such as the UNFPA Facility Assessment for Reproductive Health Commodities and Services, the PMA2020 SDP survey, or the WHO SARA health facility survey</li> </ul> </li> </ul> <p>Note: If using a secondary source, make sure to report data consistent with the definition noted in this indicator reference sheet.</p>	<p>For each product/method –</p> <p>For denominator:</p> <ul style="list-style-type: none"> <li>• number of assessed facilities that offer the product/method (as defined in this indicator reference sheet) and for which stock data were available from the most recent assessment visit or logistics report</li> </ul> <p>For numerator:</p> <ul style="list-style-type: none"> <li>• number of the above facilities that did not have the product/method in stock on the day of the most recent assessment visit, or according to the ending balance of the most recent logistics report</li> </ul>
Example Sentences Indicating Illustrative Indicator Results	

- “14% of assessed SDPs that offer male condoms (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them on the day of the assessment visit.”
- “11% of assessed warehouses that offer male condoms (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them according to the ending balance of the last logistics report.”

## Additional Point-in-Time Stockout Indicators

### Additional Indicator B2

Percentage of facilities stocked out at the end of reporting periods, averaged over a 12-month period (reported by family planning product or method offered)

#### Definition

##### General Definition:

This indicator measures the percentage of facilities that had a stockout of a specific family planning product/method offered by the facility, averaged over a 12-month period. It is based on averaging the point-in-time stockout rates for the product/method, as calculated from the ending balances of logistics reports. This indicator should be reported separately for each product/method.

See *Additional Definitional Points* below for more information.

##### Additional Definitional Points:

###### Definition of Product/Method Offered

Offering the product/method refers to providing or managing it. A facility is considered to offer a product/method if it has stocked it or has issued/dispensed the product/method at some point during the last 12 months, as defined in indicator A1 (*Percentage of facilities that offer each family planning product or method, reported by product or method*).

This indicator's definition does not consider the existence of trained providers.

###### Time Period of Data

The data for this indicator should be collected regularly through logistics reports (e.g., monthly, bi-monthly, or quarterly), compiled, and used to develop an average point-in-time stockout rate for the product/method during a year.

###### Data Collection Method

The information for this indicator should be collected from LMIS reports or stock records that contain stock balance information.

###### Facility Location to Assess

If any usable (unexpired, undamaged) stock of the product/method exists anywhere in the facility—whether in the facility's store room or dispensing area—the facility should not be considered stocked out of the product/method.

However, we recognize that, in many cases, stockout information may actually represent just the facility store or pharmacy, because this is the only location considered for many records/reports. When reporting on this indicator, note the location being assessed (e.g., facility store or whole facility).

## Facilities to Be Assessed

Ideally, this indicator should be collected at SDPs. It can also be collected at warehouses. If it is collected from both SDPs and warehouses, results should be reported separately for each.

### Formula

See the indicator reference sheet for [indicator B1 \(Percentage of facilities stocked out, by family planning product or method offered, on the day of the assessment \[reporting day or day of visit\]\)](#) for the formula to calculate the stockout rate at a particular point in time. The stockout rate for each reporting period in the 12-month period will be averaged, as indicated in the formula below:

For each product/method—

$$\frac{\left[ \sum (\text{Percentage of assessed facilities that were stocked out of the offered family planning product/method according to the ending balance of the logistics report, for each reporting period assessed in the 12 – month period}) \right]}{[\text{Total number of reporting periods assessed in the 12 – month period}]} \times 100$$

Note: The denominator will be 12 if there is monthly reporting, but 4 if there is quarterly reporting, etc.

### Purpose

This indicator measures average point-in-time stockouts of specific products/methods in facilities that offer those products/methods during a 12-month period.

This indicator is based on averaging stockout rates from reports during one year to represent general availability of each product/method, over time.

### Notes or Issues

#### Product or Method

This indicator can be measured by product brand (e.g., Depo-Provera), product type (e.g., three-month progestin-only injectable, reported separately from one-month combined injectable), or method type (e.g., injectable contraceptive). We recommend choosing one of these ways to report and then consistently reporting this way, over time (whether reporting by product or by method).

If reporting by method, it will be important to determine if facilities that offer more than one product brand or type were stocked out of all of them at the same time; this is the only way the method would meet the criteria for being stocked out. For example, if a facility offers two injectable brands—Depo-Provera and Noristerat—and a particular monthly ending balance shows that the facility was stocked out of Noristerat, but had stock of Depo-Provera, it would not be considered to be stocked out of injectables at that time because it had Depo-Provera in stock.

## Reporting Numerators and Denominators

It is important to report not only the final indicator result for each product/method, but also the stockout rates for each reporting period and their respective numerators and denominators and what they comprise; this will provide insight into the percentage of facilities that offer each respective product/method, and provide information about the sample size or reporting rate used to calculate the indicator. Providing this information will clarify the changes in indicator results, over time.

The number of reports used to calculate this indicator should also be noted.

Data Sources	Data Requirements
<ul style="list-style-type: none"><li>• LMIS records or reports</li></ul>	<p>For each product/method –</p> <p>For denominator:</p> <ul style="list-style-type: none"><li>• number of reporting periods for which data are available in the 12-month period</li></ul> <p>For numerator:</p> <p>Point-in-time stockout rates, based on—</p> <ul style="list-style-type: none"><li>• number of assessed facilities that offer the product/method (as defined in this indicator reference sheet) and for which stock data were available in the logistics report</li><li>• number of the above facilities that did not have the product/method in stock, according to the ending balance of the report</li></ul>
<b>Example Sentences Indicating Illustrative Indicator Results</b>	

- “On average, across the logistics reports from the last year, 17% of assessed SDPs that offer IUDs (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them according to ending balances.”
- “On average across the logistics reports from the last year, 9% of assessed warehouses that offer IUDs (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them according to ending balances.”

## Additional Indicator B3

Percentage of facilities that offer the country's most commonly used family planning product or method that are stocked out on the day of the assessment (reporting day or day of visit)

### Definition

#### General Definition:

This indicator measures the percentage of facilities that had a stockout of the country's most commonly used family planning product/method. It is a point-in-time stockout measurement, based on the stock situation on the day of the assessment visit, or from the ending balance of the most recent logistics report. Only facilities that offer the product/method are included in the calculation.

This indicator is the same as [indicator B1 \(Percentage of facilities stocked out, by family planning product or method offered, on the day of the assessment \[reporting day or day of visit\]\)](#) except that this indicator focuses on just one product/method instead of reporting on each of them.

See *Additional Definitional Points* below for more information.

#### Additional Definitional Points and Data Requirements/Sources:

The currently most commonly used method and/or product can be determined from survey data that reports the percentage of women using the method (per the Demographic Health Survey [DHS]) or similar survey), a calculation based on logistics data to estimate the number of clients (based on couple-years of protection), or health management information system data on the number of clients.

#### Facilities to Be Assessed

Ideally, this indicator should be collected at SDPs; it can also be collected at warehouses. If it is collected from both SDPs and warehouses, results should be reported separately for each.

### Purpose

This indicator measures a point-in-time stockout of the country's most commonly used product/method in facilities that offer it. Because a stockout of the most commonly-used product/method will affect more clients than a stockout of a lesser-used product/method, this indicator ensures a focus on the availability of the product/method that affects the largest number of clients.

### Notes or Issues

All the information noted for indicator B1 applies to this indicator, as well; except, this indicator only reports on data about the most commonly-used product/method in the country. See the indicator reference sheet for indicator B1 for more information about this indicator, including the formula.

With the data requirements and data sources noted for indicator B1, an additional data requirement for this indicator concerns information about method mix in the country (to determine which product/method is the most commonly used), as noted in the *Additional Definitional Points and Data Requirements/Sources* section above.

The most commonly used product/method may change over time, as client preferences and availability of products/methods change.

#### Example Sentences Indicating Illustrative Indicator Results

- “6% of assessed SDPs that offer injectables (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them according to the ending balance of the last logistics report.”
- “4% of assessed warehouses that offer injectables (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them on the day of the assessment visit.”



## Indicator Category C - Range of Methods Available

(for SDPs primarily)

*How widespread are healthcare facilities that have available multiple family planning methods?*

### Primary Indicator C1

Percentage of SDPs that have at least three modern family planning methods (primary) and at least five modern methods (secondary/tertiary) available on the day of the assessment (reporting day or day of visit)

#### Definition

##### General Definition:

This indicator measures, on the day of the most recent assessment visit or according to the ending balance of the most recent logistics report—

- a. the percentage of primary-level SDPs that have at least three modern family planning methods available and
- b. the percentage of secondary or tertiary level SDPs that have at least five modern methods available.<sup>5</sup>

For this indicator, modern family planning methods include<sup>6</sup>—

- injectables
- oral contraceptives
- emergency contraceptive pills
- male condoms
- female condoms
- implants
- IUDs
- female sterilization
- male sterilization.

If a country program offers another modern method, it can also be included.

See *Additional Definitional Points* below for more information.

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<sup>5</sup> In late 2016 or early 2017, this indicator will change to five methods for primary, secondary, and tertiary level SDPs (per FP2020 guidance).

<sup>6</sup> These methods are aligned with the methods assessed by UNFPA.

## **Additional Definitional Points:**

### **Family Planning Methods**

This indicator considers methods (e.g., injectables), not product types (e.g., not three-month progestin-only injectable) or brands (e.g., not Depo-Provera).

### **Primary, Secondary, and Tertiary Facilities**

Determining which health facilities are defined as *primary* vs. *secondary* or *tertiary* will be made at the country level, based on existing classifications. Typically, primary facilities are the first point of care. Secondary facilities tend to be referral facilities, such as hospitals. Tertiary facilities tend to be more highly specialized hospitals. A rule of thumb can be to consider hospitals, as well as other SDPs that provide maternity services, to be secondary-level facilities. The same rules could apply for NGO and commercial-sector facilities, which may be more difficult to classify because in-country documentation to classify them may not exist. Country programs should keep a record of how health facilities have been classified for this indicator (e.g., primary, secondary, or tertiary; and whether community health workers are included).

### **Data Collection Method**

The information for this indicator should be collected through a physical inventory count during a facility visit or through information on an LMIS report that contains stock balance information.

### **Facility Location to Assess**

If any usable (unexpired, undamaged) stock of the method exists anywhere in the facility—whether in the facility’s store room or dispensing area—the facility should be considered to have the method available.

However, we recognize that, in many cases, stockout/availability information may represent just the facility store or pharmacy, because this is the only location considered for many records/reports. When reporting on this indicator, note the location being assessed (e.g., facility store or whole facility).

### **Time Period of Data**

This indicator should be calculated based on data from the most recent facility assessment or logistics report.

### **Facilities to Be Assessed**

This indicator best represents client access to a range of methods at SDPs, but it could also be applied at warehouses, using five methods as a standard.

## Formula

a.

$$\frac{\left[ \begin{array}{c} \text{Number of assessed primary – level SDPs that had at least three methods available} \\ \text{at the time of the most recent facility assessment visit, or according} \\ \text{to the ending balances of the most recent logistics report} \end{array} \right]}{\left[ \begin{array}{c} \text{Total number of assessed primary – level SDPs for which data} \\ \text{were available at the time of the most recent facility assessment visit or logistics report} \end{array} \right]} \times 100$$

b.

$$\frac{\left[ \begin{array}{c} \text{Number of assessed secondary/tertiary level SDPs that had at least five methods} \\ \text{available at the time of the most recent facility assessment visit, or according} \\ \text{to the ending balances of the most recent logistics report} \end{array} \right]}{\left[ \begin{array}{c} \text{Total number of assessed secondary/tertiary level SDPs for which data} \\ \text{were available at the time of the most recent facility assessment visit or logistics report} \end{array} \right]} \times 100$$

## Purpose

This indicator measures the percentage of SDPs that have a certain number of family planning methods available. It provides information about access to a range of contraceptive methods.

Because some facilities are not expected to offer some of the methods, this indicator provides more of an indication of overall client access rather than supply chain issues.

## Notes or Issues

### Reporting Numerators and Denominators

It is important to report not only the indicator results, but also the numerators and denominators and what they comprise; this will provide insight into the number of primary- versus higher-level facilities, and provide information about the sample size or reporting rate used to calculate the indicator.

Providing this information will clarify the changes in indicator results, over time.

### Information about Permanent Methods

Information about the provision/availability of permanent methods (i.e., sterilization methods) will not typically be available from an LMIS and may be difficult to determine from an assessment because of the variety of supplies required to perform the procedures; therefore, this indicator may underreport the number of methods available for facilities that offer sterilization methods. To include these methods in this indicator, country programs should define which supplies need to be present for female and male sterilization procedures.

Data Sources	Data Requirements
<ul style="list-style-type: none"> <li>• LMIS reports</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Health facility assessment results or supervision records               <ul style="list-style-type: none"> <li>○ for example, data from secondary sources, such as the UNFPA Facility Assessment for Reproductive Health Commodities and Services, the PMA2020 SDP survey, or the WHO SARA health facility survey</li> </ul> </li> </ul> <p>Note: If using a secondary source, make sure to report data consistent with the definition noted in this indicator reference sheet.</p>	<p>For denominators:</p> <ul style="list-style-type: none"> <li>a. number of assessed primary-level SDPs for which any stock data were available from the most recent assessment visit or logistics report</li> <li>b. number of assessed secondary/tertiary level SDPs for which any stock data were available from the most recent assessment visit or logistics report</li> </ul> <p>For numerators:</p> <ul style="list-style-type: none"> <li>a. number of assessed primary-level SDPs with at least three modern methods available on the day of the most recent assessment visit, or according to ending balances of the most recent logistics report</li> <li>b. number of assessed secondary-/tertiary-level SDPs with at least five modern methods available on the day of the most recent assessment visit, or according to ending balances of the most recent logistics report</li> </ul>

#### Example Sentence Indicating Illustrative Indicator Results

- a. "95% of assessed primary-level SDPs had at least three modern family planning methods available on the day of the assessment visit, and
- b. 70% of assessed secondary- or tertiary-level SDPs had at least five modern family planning methods available on the day of the assessment visit."

## Additional Range of Methods Available Indicators:

### Additional Indicator C2

Percentage of SDPs that have at least one modern family planning method for each method category available on the day of the assessment (reporting day or day of visit), reported by method category

#### Definition

##### General Definition:

This indicator measures the percentage of SDPs with at least one modern family planning method available for a given *method category* on the day of the most recent assessment visit, or according to the ending balance of the most recent logistics report. This should be calculated for each of the following *method categories*:

- **barrier method** (i.e., male or female condoms)
- **hormonal short-acting method** (i.e., oral contraceptives, not including emergency contraceptive pills)
- **hormonal medium-acting method** (i.e., injectables)
- **long-acting reversible method** (i.e., implants or IUDs)
- **permanent method** (i.e., female or male sterilization)
- **emergency contraceptive method** (i.e., emergency contraceptive pills).

See *Additional Definitional Points* below for more information.

##### Additional Definitional Points:

###### Method Categories

This indicator considers method categories, not methods, product types, or brands. The method categories were defined for this indicator; methods are grouped into categories, based on their specific purpose and/or timing of use.

###### Data Collection Method

The information for this indicator should be collected via a physical inventory count during a facility visit or via information on an LMIS report that contains stock balance information.

###### Facility Location to Assess

If any usable (unexpired, undamaged) stock of a method in the method category exists anywhere in the facility—whether in the facility's store room or dispensing area—the facility should be considered to have that method category available.

However, we recognize that, in many cases, stockout/availability information may actually represent just the facility store or pharmacy because this is the only location taken into

consideration for many records/reports. When reporting on this indicator, note the location being assessed (e.g., facility store or whole facility).

#### Time Period of Data

This indicator should be calculated based on data from the most recent facility assessment or logistics report.

#### Facilities to Be Assessed

This indicator is best used to represent client access to method categories at SDPs but could also be applied at warehouses.

### Formula

For each method category —

$$\frac{\left[ \begin{array}{c} \text{Number of assessed SDPs that had at least one method in the method category available} \\ \text{at the time of the most recent facility assessment visit or according to the ending balances} \\ \text{of the most recent logistics report} \end{array} \right]}{\left[ \begin{array}{c} \text{Total number of assessed SDPs for which data} \\ \text{were available at the time of the most recent facility assessment visit or logistics report} \end{array} \right]} \times 100$$

#### Clarification about Numerator and Denominator

For this indicator, even assessed facilities that do not offer any method in the particular method category—regardless of whether they are expected to—are included in the denominator. If the method category is not offered, the method category is considered not available (in the numerator) for this indicator.

When using LMIS data, the denominator should include all assessed facilities with a logistics report from the most recent reporting period. Even facilities that do not offer the particular method category should be included.

(See the *Data Requirements* section for a more in-depth explanation of the denominator.)

### Purpose

This indicator measures the percentage of SDPs with a given family planning method category available. It provides a sense of how widely available methods are that fit specific client needs and preferences.

Because some facilities are not expected to offer methods for certain method categories, this indicator provides more of an indication of overall client access than supply chain issues.

## Notes or Issues

### Reporting Numerators and Denominators

It is important to report not only the indicator result for each method category, but also the numerator and denominator and what they comprise; this will provide information about the sample size or reporting rate used to calculate the indicator. Providing this information will clarify the changes in indicator results, over time.

### Information about Permanent Methods

Information about the provision/availability of permanent methods (i.e., sterilization methods) will not typically be available from an LMIS and may be difficult to ascertain from an assessment, due to the variety of supplies required to perform the procedures, so it may be difficult to report on this indicator for permanent methods. To include permanent methods in this indicator, country programs should define which supplies need to be present for female and male sterilization procedures.

Data Sources	Data Requirements
<ul style="list-style-type: none"><li>• LMIS reports</li></ul> or <ul style="list-style-type: none"><li>• Health facility assessment results or supervision records noting physical inventory information<ul style="list-style-type: none"><li>○ E.g., data from secondary sources such as the UNFPA Facility Assessment for Reproductive Health Commodities and Services, the PMA2020 SDP survey, or the WHO SARA health facility survey</li></ul></li></ul> <p>Note: if using a secondary source, make sure to report data consistent with the definition noted in this indicator reference sheet, which may require access to the raw data.</p>	<p>For each method category –</p> <p>For denominator:</p> <ul style="list-style-type: none"><li>• number of assessed SDPs for which stock data were available for at least one of the methods in the method category from the day of the most recent assessment visit or logistics report<sup>7</sup></li></ul> <p>For numerator:</p> <ul style="list-style-type: none"><li>• number of the above SDPs with at least one method available for the method category on the day of the most recent assessment visit or according to ending balances of the most recent logistics report</li></ul>

### Example Sentence Indicating Illustrative Indicator Results

“21% of assessed SDPs had at least one long-acting reversible method available according to the ending balances of the last logistics report.”

<sup>7</sup> Methods that are not offered by the SDP should be counted as *not available* for this indicator.

## Additional Indicator C3

Percentage of SDPs that have at least one modern family planning method for at least four of the six method categories available on the day of the assessment (reporting day or day of visit)

### Definition

#### General Definition:

This indicator measures the percentage of SDPs with at least one modern family planning method available for a minimum of four of the six *method categories* on the day of the most recent assessment visit, or according to the ending balance of the most recent logistics report. The **method categories** are—

- **barrier method** (i.e., male or female condoms)
- **hormonal short-acting method** (i.e., oral contraceptives, not including emergency contraceptive pills)
- **hormonal medium-acting method** (i.e., injectables)
- **long-acting reversible method** (i.e., implants or IUDs)
- **permanent method** (i.e., female or male sterilization)
- **emergency contraceptive method** (i.e., emergency contraceptive pills).

*See Additional Definitional Points below for more information.*

#### Additional Definitional Points:

##### Method Categories

This indicator considers method categories, not methods, product types, or brands. The method categories were defined for this indicator; methods were grouped into categories, based on their specific purpose and/or timing of use.

##### Data Collection Method

The information for this indicator should be collected via a physical inventory count during a facility visit, or via information on an LMIS report that contains stock balance information.

##### Facility Location to Assess

If any usable (unexpired, undamaged) stock of a method in the method category exists anywhere in the facility—whether in the facility's store room or dispensing area—the facility should be considered to have that method category available.

However, we recognize that, in many cases, stockout/availability information may actually represent just the facility store or pharmacy, because this is the only location considered for many records/reports. When reporting on this indicator, note the location being assessed (e.g., facility store or whole facility).



### Time Period of Data

This indicator should be calculated based on data from the most recent facility assessment or logistics report.

### Facilities to Be Assessed

This indicator is best used to represent client access to a range of method categories at SDPs, but it could also be applied at warehouses.

### Formula

$$\frac{\left[ \begin{array}{c} \text{Number of assessed SDPs that had at least one method for four (or more) of the six} \\ \text{method categories available at the time of the most recent facility assessment visit} \\ \text{or according to the ending balances of the most recent logistics report} \end{array} \right]}{\left[ \begin{array}{c} \text{Total number of assessed SDPs for which data} \\ \text{were available at the time of the most recent facility assessment visit or logistics report} \end{array} \right]} \times 100$$

### Purpose

This indicator measures the percentage of SDPs with at least four family planning method categories available. It provides information about the extent to which a range of method categories are available to fit various client needs and preferences.

Since some facilities are not even expected to offer methods that fit in four or more of the method categories, this indicator provides more of an indication of overall client access than of supply chain issues.

### Notes or Issues

#### Reporting Numerators and Denominators

It is important to report not only the indicator result, but also the numerator and denominator and what they comprise; this will provide information about the sample size or reporting rate used to calculate the indicator. Providing this information will clarify the changes in indicator results, over time.

#### Information about Permanent Methods

Information about the provision/availability of permanent methods (i.e., sterilization methods) will not typically be available from an LMIS and may be difficult to determine from an assessment, because of the variety of supplies required to perform the procedures. Therefore, this indicator may under-report the number of method categories available for facilities that offer sterilization methods. To include permanent methods in this indicator, country programs should define which supplies need to be available for female and male sterilization procedures.

#### Related Indicators

Country programs may modify this indicator to assess just five method categories if it is not feasible to obtain information about permanent methods; in that case, the indicator can measure the *percentage*

*of SDPs with at least one modern family planning method available for at least four of five method categories.*

Another related indicator that can be calculated is the *percentage of SDPs with at least one modern family planning method for all six method categories available on the day of the assessment (reporting day or day of visit).*

Data Sources	Data Requirements
<ul style="list-style-type: none"> <li>• LMIS reports</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Health facility assessment results or supervision records noting physical inventory information               <ul style="list-style-type: none"> <li>○ for example, data from secondary sources, such as the UNFPA Facility Assessment for Reproductive Health Commodities and Services, the PMA2020 SDP survey, or the WHO SARA health facility survey</li> </ul> </li> </ul> <p>Note: If using a secondary source, make sure to report data consistent with the definition noted in this indicator reference sheet, which may require access to the raw data.</p>	<p>For denominator:</p> <ul style="list-style-type: none"> <li>• number of assessed SDPs for which any stock data were available from the most recent assessment visit or logistics report</li> </ul> <p>For numerator:</p> <ul style="list-style-type: none"> <li>• number of the above SDPs with one or more methods available for at least four of the six method categories on the day of the most recent assessment visit, or according to ending balances of the most recent logistics report</li> </ul>
<b>Example Sentence Indicating Illustrative Indicator Results</b>	

“23% of assessed SDPs had available on the day of the assessment visit one or more methods from at least four of the following six method categories—barrier, hormonal short-acting, hormonal medium-acting, long-acting reversible, permanent, and emergency contraceptive.”

## Indicator Category D - Frequency and Duration of Stockouts over Time

*How reliable is the supply chain at maintaining availability of products or methods over time?*

### Primary Indicator D1

Percentage of facilities that had a stockout according to the ending balance of any of the last three reporting periods, reported by family planning product or method offered

#### Definition

##### General Definition:

For each specific family planning product/method that is offered by facilities, this indicator measures the percentage of facilities that experienced a stockout of that product/method at the end of any of the last three LMIS reporting periods (according to ending balances from reports or records). This indicator should be reported separately for each product/method.

See *Additional Definitional Points* below for more information.

##### Additional Definitional Points:

###### Definition of Product/Method Offered

Offering the product/method refers to providing or managing it. A facility is considered to offer a product/method if it has stocked it, or has issued/dispensed the product/method at some point during the last 12 months, as defined in indicator A1 (*Percentage of facilities that offer each family planning product or method, reported by product or method*).

This indicator's definition does not consider the existence of trained providers.

###### Inclusion of Facilities/Data Completeness

To represent stockouts in a consistent way, only facilities where information is available for a product/method for three consecutive reporting periods should be included when calculating this indicator.

###### Data Collection Method

The information for this indicator should be collected via LMIS reports or stock records—e.g., stock cards—that contain stock balance information.

###### Facility Location to Assess

If any usable (unexpired, undamaged) stock of the product/method exists anywhere in the facility—whether in the facility's store room or dispensing area—the facility should not be considered stocked out of the product/method.

However, we recognize that in many cases, stockout information may actually represent just the facility store or pharmacy because this is the only location considered for many records/reports. When reporting on this indicator, note the location being assessed (e.g., facility store or whole facility).

#### Time Period of Data

This indicator should be calculated based on ending balances from the last three reporting periods.

#### Facilities to Be Assessed

Ideally, this indicator should be collected at SDPs. It can also be collected at warehouses. If it is collected from both SDPs and warehouses, results should be reported separately for each.

### Formula

For each product/method —

$$\frac{\left[ \begin{array}{c} \text{Number of assessed facilities that were stocked out of the offered family planning product/method} \\ \text{at the end of any of the last three reporting periods (according to ending balances)} \end{array} \right]}{\left[ \begin{array}{c} \text{Total number of assessed facilities that offer the product/method and for which} \\ \text{ending balance data were available for all of the last three reporting periods} \end{array} \right]} \times 100$$

### Purpose

This indicator measures stockouts of specific products/methods based on the ending balances of the last three logistics reporting periods, in facilities that offer those products/methods. Because many logistics reports include only stock on hand (i.e., stock balance) data from reporting days, rather than from throughout the reporting period, this indicator is based on data from the end of each of the last three reporting periods instead of data from throughout the whole period. This indicator provides more retrospective information than the point-in-time stockout indicators.

### Notes or Issues

#### Product or Method

This indicator can be measured by product brand (e.g., Depo-Provera), product type (e.g., three-month progestin-only injectable, reported separately from one-month combined injectable), or method type (e.g., injectable contraceptive). We recommend choosing one of these ways to report and then consistently reporting this way, over time (whether reporting by product or by method).

If reporting by method, it will be important to determine whether facilities that offer more than one product brand or type were stocked out of all of them at the same time; this is the only way the method would meet the criteria for being stocked out. For example, if a facility offers two injectable brands—Depo-Provera and Noristerat—and a logistics report shows the facility was stocked out of Noristerat, but had stock of Depo-Provera, it would not be considered to be stocked out of injectables at that time because it had Depo-Provera in stock.

## Reporting Numerators and Denominators

It is important to report not only the indicator result for each product/method, but also the numerator and denominator and what they comprise; this will provide insight into the percentage of facilities that offer each respective product/method and had ending balance information available for the three reporting periods, and provide information about the sample size or reporting rate used to calculate the indicator. Providing this information will clarify the changes in indicator results, over time.

### Related Indicator

If stock data are available throughout (instead of just on reporting days), organizations can report on [indicator D2 \(Percentage of facilities that had a stockout at any point during the last three months, reported by family planning product or method offered\)](#), as well.

Data Sources	Data Requirements
<ul style="list-style-type: none"><li>• LMIS reports</li></ul> or <ul style="list-style-type: none"><li>• Health facility assessment results or supervision records noting ending balances from facility stock records</li></ul>	<p>For each product/method –</p> <p>For denominator:</p> <ul style="list-style-type: none"><li>• number of assessed facilities that offer the product/method (as defined in this indicator reference sheet) and for which ending balance data were available for all of the last three reporting periods</li></ul> <p>For numerator:</p> <ul style="list-style-type: none"><li>• number of the above facilities that had a stockout of the family planning product/method at the end of any of the last three reporting periods (according to ending balances of logistics reports or records)</li></ul>

### Example Sentences Indicating Illustrative Indicator Results

- “7% of assessed SDPs that offer implants (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them in at least one of the last three logistics reports, according to ending balances.”
- “16% of assessed warehouses that offer implants (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them in at least one of the last three logistics reports, according to ending balances.”

## **Additional Frequency and Duration of Stockouts over Time Indicators:**

### **Additional Indicator D2**

Percentage of facilities that had a stockout at any point during the last three months, reported by family planning product or method offered

#### **Definition**

##### **General Definition:**

This indicator measures the percentage of facilities that had a stockout at any point during the last three months of a specific family planning product/method that the facility offers. This indicator should be reported separately for each product/method.

See *Additional Definitional Points* below for more information.

##### **Additional Definitional Points:**

###### **Definition of Product/Method Offered**

Offering the product/method refers to providing or managing it. A facility is considered to offer a product/method if it has stocked it or has issued/dispensed the product/method at some point during the last 12 months, as defined in indicator A1 (*Percentage of facilities that offer each family planning product or method, reported by product or method*).

This indicator's definition does not consider the existence of trained providers.

###### **Inclusion of Facilities/Data Completeness**

To calculate this indicator, information that represents the entire three-month period must be available—not just ending balances from each of the months. Only facilities where records or reports are available that reflect the stock situation for the entire three consecutive months should be included when calculating this indicator. The records/reports should reflect ending balances for each day during the time period, not just the ending balances on reporting days.

###### **Data Collection Method**

The information for this indicator should be collected via LMIS reports or stock records—e.g., stock cards—that contain stock balance information.

###### **Facility Location to Assess**

If any usable (unexpired, undamaged) stock of the product/method exists anywhere in the facility—whether in the facility's store room or dispensing area—the facility should not be considered stocked out of the product/method.

However, we recognize that, in many cases, stockout information may actually represent just the facility store or pharmacy because this is the only location considered for many records/reports. When reporting on this indicator, note the location being assessed (e.g., facility store or whole facility).

#### Time Period of Data

This indicator should be calculated based on information reflecting the entire last three months. For LMIS reports to be used for this indicator, the reports must include stockout data from the entire time period—instead of only reflecting stockouts occurring on reporting days.

#### Facilities to Be Assessed

Ideally, this indicator should be collected at SDPs. It can also be collected at warehouses. If it is collected from both SDPs and warehouses, results should be reported separately for each.

#### Formula

For each product/method —

$$\frac{\left[ \begin{array}{c} \text{Number of assessed facilities that were stocked out of the offered family planning product/method} \\ \text{at any point in the last three months} \end{array} \right]}{\left[ \begin{array}{c} \text{Total number of assessed facilities that offer the product/method and for which} \\ \text{stockout data were available throughout the last three months} \end{array} \right]} \times 100$$

#### Purpose

This indicator measures stockouts of specific products/methods in the last three months, in facilities that offer those products/methods. This indicator is based on a three-month time period to provide information about stockouts that occurred at any point in the most recent quarter of a year. This indicator therefore provides more retrospective information than the point-in-time stockout indicators and allows for a much longer time period of assessment than does [\*indicator D1 \(Percentage of facilities that had a stockout according to the ending balance of any of the last three reporting periods, reported by family planning product or method offered\)\*](#).

#### Notes or Issues

##### Product or Method

This indicator can be measured by product brand (e.g., Depo-Provera), product type (e.g., three-month progestin-only injectable, reported separately from one-month combined injectable), or method type (e.g., injectable contraceptive). We recommend choosing one of these ways to report and then consistently reporting this way, over time (whether reporting by product or by method).

If reporting by method, it will be important to determine whether facilities that offer more than one product brand or type were stocked out of all of them at the same time; this is the only way the method would meet the criteria for being stocked out. For example, if a facility offers two injectable

brands—Depo-Provera and Noristerat—and, on a particular date, the facility was stocked out of Noristerat, but had stock of Depo-Provera, it would not be considered to be stocked out of injectables at that time because it had Depo-Provera in stock.

## Reporting Numerators and Denominators

It is important to report not only the indicator result for each product/method, but also the numerator and denominator and what they comprise; this will provide insight into the percentage of facilities that offer each respective product/method and had stockout information available for the entirety of the three months, and provide information about the sample size or reporting rate used to calculate the indicator. Providing this information will clarify the changes in indicator results, over time.

## Related Indicators

Related indicators that can be calculated if the information is available are the (1) *percentage of facilities that experienced a stockout at any point during the last reporting period* and (2) *percentage of facilities that had a stockout at any point during the last three reporting periods*. Both of these indicators would be reported by product/method offered.

Data Sources	Data Requirements
<ul style="list-style-type: none"> <li>LMIS reports including stockout data from throughout the three months</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>Health facility assessment results or supervision records noting information from facility stock records throughout the three months</li> </ul>	<p>For each product/method –</p> <p>For denominator:</p> <ul style="list-style-type: none"> <li>number of facilities assessed that offer the product/method (as defined in this indicator reference sheet) and for which stockout data were available throughout the last three months</li> </ul> <p>For numerator:</p> <ul style="list-style-type: none"> <li>number of the above facilities that experienced a stockout of the family planning product/method at any point in the last three months</li> </ul>

## Example Sentences Indicating Illustrative Indicator Results

- “13% of assessed SDPs that offer injectables (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them at some point during the last three months, according to logistics records.”
- “28% of assessed warehouses that offer injectables (i.e., had stock of or issued/dispensed them at some point during the last 12 months) were stocked out of them at some point during the last three months, according to logistics records.”



## Additional Indicator D3

Average across facilities of the total number of days stocked out in the last three months, for facilities that had a stockout (reported by family planning product or method offered)

### Definition

#### General Definition:

This indicator measures the average number of calendar days in the last three months that facilities were stocked out of a specific family planning product/method that they offer. It is measured only for facilities that had a stockout in this time period (as determined by [indicator D2 \(Percentage of facilities that had a stockout at any point during the last three months, reported by family planning product or method offered\)](#)).

This indicator should be reported separately for each product/method.

See *Additional Definitional Points* below for more information.

#### Additional Definitional Points:

##### Reporting on Indicator D2 Also

This indicator builds on data collected for indicator D2. Therefore, when reporting on this indicator, it is important to also report on indicator D2, which provides information about the percentage of facilities that had a stockout of the product/method at any point during the last three months.

##### Definition of Product/Method Offered

Offering the product/method refers to providing or managing it. A facility is considered to offer a product/method if it has stocked it or has issued/dispensed the product/method at some point during the last 12 months, as defined in indicator A1 (*Percentage of facilities that offer each family planning product or method, reported by product or method*).

This indicator's definition does not consider the existence of trained providers.

##### Inclusion of Facilities/Data Completeness

To calculate this indicator, information must be available that represents the entire three-month period—not just ending balances from each of the months. Only facilities where records or reports are available that reflect the stock situation for the entire three consecutive months should be included when calculating this indicator.

##### Determination of Number of Calendar Days Stocked Out

For this indicator, the number of calendar days stocked out can be determined by counting the number of days where the ending balance is zero. For example, if a product/method goes out of stock on a Monday (for example, the first day of the month) and is replenished on the following

Monday (the eighth day of the month, in this example), the stockout lasted seven days because the ending balance on the second Monday will no longer be zero; the second Monday is not included in the stockout duration calculation. For this indicator, the duration of a stockout starts on the day the product/method becomes stocked out and lasts through the day before supply of the product/method is replenished.

For simplicity, all calendar days are counted when calculating this indicator, not just work days.

### Data Collection Method

The information for this indicator should be collected via LMIS reports or stock records (e.g., stock cards) that contain stock balance information.

Data for this indicator will be primarily collected during site visits by reviewing stock cards. LMIS reports can only be used to provide this information if they contain information about the number of days stocked out during a reporting period.

### Facility Location to Assess

If any usable (unexpired, undamaged) stock of the product/method exists anywhere in the facility—whether in the facility's store room or dispensing area—the facility should not be considered stocked out of the product/method.

However, we recognize that, in many cases, stockout information may actually represent just the facility store or pharmacy because this is the only location considered for many records/reports. When reporting on this indicator, note the location being assessed (e.g., facility store or whole facility).

### Time Period of Data

This indicator should be calculated based on information reflecting the entire last three months.

### Facilities to Be Assessed

Ideally, this indicator should be collected at SDPs. It can also be collected at warehouses. If it is collected from both SDPs and warehouses, results should be reported separately for each.

## Formula

For each product/method —

<p>For each assessed facility that was stocked out of the offered family planning product/method at any point in the last three months:</p> <p>Sum of each of these facility's (Number of days stocked out of the offered family planning product/method in the last three months)</p>
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<p>Total number of assessed facilities that offer the product/method, had a stockout of it at any point during the last three months, and had stockout data available throughout the last three months</p>
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## Purpose

This indicator measures the average amount of time that a specific product/method was stocked out in the last three months, in facilities that offer the product/method and had a stockout of it. This stockout duration information provides an indication of the severity of the stockouts that occurred and may signal systemic issues within the supply chain if repeated stockouts are observed over time, or stockouts last for a long time.

## Notes or Issues

### Product or Method

This indicator can be measured by product brand (e.g., Depo-Provera), product type (e.g., three-month progestin-only injectable, reported separately from one-month combined injectable), or method type (e.g., injectable contraceptive). We recommend choosing one of these ways to report and then consistently reporting this way, over time (whether reporting by product or by method).

If reporting by method, it will be important to determine whether facilities that offer more than one product brand or type were stocked out of all of them at the same time; this is the only way the method would meet the criteria for being stocked out. For example, if a facility offers two injectable brands—Depo-Provera and Noristerat—and on a particular date the facility was stocked out of Noristerat, but had stock of Depo-Provera, it would not be considered to be stocked out of injectables at that time because it had Depo-Provera in stock.

### Reporting Numerators and Denominators

It is important to report not only the indicator result for each product/method, but also the numerator and denominator and what they comprise; this will provide insight into the percentage of facilities that offer each respective product/method, had information available for the entirety of the three months, and experienced a stockout in this time period. It will also provide information about the sample size or reporting rate used to calculate the indicator. Providing this information will clarify the changes in indicator results, over time.

### Related Indicator

A related indicator that can be calculated even if information is available only from report ending balances is the *average number of report ending balances showing a stockout, out of the last three reporting periods, for facilities that had a stockout (reported by family planning product or method offered)*. This indicator provides information about whether the SDPs that had a stockout of a product/method were stocked out in an average of one, two, or three of the last three reporting-period ending balances.

Data Sources	Data Requirements
<ul style="list-style-type: none"> <li>• LMIS reports, including stockout data from throughout the three months</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Health facility assessment results or supervision records noting information from facility stock records throughout the three months</li> </ul>	<p>For each product/method –</p> <p>For denominator:</p> <ul style="list-style-type: none"> <li>• number of facilities assessed that offer the product/method (as defined in this indicator reference sheet), had stockout data available throughout the last three months, and were stocked out of it at any point during this time period</li> </ul> <p>For numerator:</p> <ul style="list-style-type: none"> <li>• For each of the above facilities: number of days stocked out of the specific family planning product/method in the last three months</li> </ul>

#### Example Sentences Indicating Illustrative Indicator Results

- “Assessed SDPs that offer implants (i.e., had stock of or issued/dispensed them at some point during the last 12 months) and had a stockout of them in the last three months were stocked out for an average of six calendar days during this three-month period.”
- “Assessed warehouses that offer implants (i.e., had stock of or issued/dispensed them at some point during the last 12 months) and had a stockout of them in the last three months were stocked out for an average of 10 calendar days during this three-month period.”

## References and Resources

- Aronovich, Dana, Marie Tien, Ethan Collins, Adriano Sommerlatte, and Linda Allain. 2010. *Measuring Supply Chain Performance: Guide to Key Performance Indicators for Public Health Managers*. Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1.
- MEASURE DHS. 2012. *MEASURE DHS Service Provision Assessment Survey: Inventory Questionnaire*. Calverton, Md.: ICF Macro.
- PMA2020. 2014. *Indicators by Topic Area*. Available at <http://www.pma2020.org/indicators-topic-area>. Accessed on December 9, 2014.
- Reproductive Health Supplies Coalition. 2015. *Harmonizing Family Planning Stockout Indicators Project: Background Report*. Arlington, Va.: JSI Research and Training Institute, Inc.
- United Nations Population Fund (UNFPA). 2010. *Monitoring and Evaluation Framework for the Global Programme to Enhance Reproductive Health Commodity Security*. New York: UNFPA.
- United Nations Population Fund (UNFPA). 2012. *Survey Availability of Modern Contraceptives and Essential Life Saving Maternal/RH Medicines in Service Delivery Points in GPRHCS Stream 1 Countries: Annotated Outline*. New York: UNFPA.
- United Nations Population Fund (UNFPA). 2012. *Survey Questionnaire: Availability of Modern Contraceptives and Essential Life Saving Maternal/RH Medicines in Service Delivery Points in GPRHCS Countries*. New York: UNFPA.
- USAID. 2013. Reference sheet for PPR indicator on FP stockouts. Washington, DC: USAID.
- USAID | DELIVER PROJECT, Task Order 1. 2008. *Logistics Indicators Assessment Tool (LIAT)*. Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1.
- USAID | DELIVER PROJECT, Task Order 1. 2011. *Guide to Conducting Supply Chain Assessments Using the LSAT and LIAT*. Arlington, Va.: USAID | DELIVER PROJECT, Task Order 1.
- World Health Organization (WHO). 2013. *Service Availability and Readiness Assessment (SARA): An Annual Monitoring System for Service Delivery (Reference Manual)*. Geneva: WHO.
- World Health Organization (WHO) and USAID. 2012. *Measuring Service Availability and Readiness: A Health Facility Assessment Methodology for Monitoring Health System Strengthening*. Geneva: WHO.



## Annex 1. Illustrative Data Management Sheet for Universal Indicator

### Indicator Name

Percentage of facilities stocked out, by family planning product or method offered, on the day of the assessment (reporting day or day of visit)

### Formula

For each product/method –

$$\frac{\left[ \begin{array}{c} \text{Number of assessed facilities that were stocked out of the family planning product/method} \\ \text{at the time of the most recent facility assessment visit, or according to the ending balance of the} \\ \text{most recent logistics report} \end{array} \right]}{\left[ \begin{array}{c} \text{Total number of assessed facilities that offer the product/method and for which stock data} \\ \text{were available at the time of the most recent facility assessment visit or logistics report} \end{array} \right]} \times 100$$

### Space for Your Indicator Results and Contextual Information

Type of facilities assessed

(e.g., all public-sector health facilities)

Name of Product or Method	For Each Product or Method Offered:		For the type of facilities assessed, total number of these facilities that offer this family planning product/method in the country (to enable greater insight into sample sizes/reporting rates)
	Numerator/ Denominator	Indicator Result	
(Example: Male condoms)	(Example: 356/985	36%)	(Example: 1091)
1. _____	1. _____	_____	1. _____
2. _____	2. _____	_____	2. _____
3. _____	3. _____	_____	3. _____
4. _____	4. _____	_____	4. _____
5. _____	5. _____	_____	5. _____
6. _____	6. _____	_____	6. _____
7. _____	7. _____	_____	7. _____
8. _____	8. _____	_____	8. _____
9. _____	9. _____	_____	9. _____
10. _____	10. _____	_____	10. _____
11. _____	11. _____	_____	11. _____

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Data source

*(e.g., LMIS December 2015 report or UNFPA 2015 survey)*

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Time period

*(e.g., data represents December 2015 ending balances or UNFPA survey data collected in October 2015)*

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Facility location assessed

*(e.g., facility store or whole facility (including dispensing areas))*

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Organization reporting

*(e.g., Ministry of Health, Reproductive Health Unit)*

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Any additional notes

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