

Contraceptive Security

Ready Lessons

5



Using Data for Decision Making



U.S. Agency for
International Development

Contraceptive Security



Ready Lessons

Foster information-based decision making as a motivator for action at program, country, and global levels.

What Can a Mission Do?


- ✓ **Help stakeholders identify contraceptive security data and information needs.**
- ✓ **Conduct research, surveys, and analyses to meet these needs.**
- ✓ **Test new analytical tools to translate data into useful information.**
- ✓ **Ensure contraceptive logistics is supported by a strong LMIS.**
- ✓ **Monitor and evaluate contraceptive security interventions to identify best practices.**
- ✓ **Ensure that key decision makers receive pertinent contraceptive security information.**

Key Concept - What Do the Data Say?

The timely collection, analysis, and use of reliable data are crucial for planning, monitoring, and evaluating progress towards contraceptive security. This requires data collection activities, from population-based data gathered through surveys, to program data from governments and donors, to health systems data. Data collection alone is not sufficient. The ultimate

purpose of data collection is their use in evidence-based design, management, and policy making for contraceptive security. Analytical tools translate data into useful information, while dissemination activities ensure the right information reaches the right users at the right time. All of these processes, from data collection to analysis, dissemination and use, occur at program, country, and global levels.

Using Data for Sound Decision Making in Rwanda



Until very recently, health officials in Rwanda forecasted their nationwide needs for condoms based on demographic survey results, service capacity, and estimated levels of demand. Using this information, a procurement of several million condoms was initiated.

After a recent national stock status survey, however, current data on quantities actually dispensed to users became available. The data showed that actual consumption was significantly below “hoped for” consumption and that current stocks of condoms already in the country were more than sufficient to meet demand for at least the next few years.

Once decision makers understood the data – and the implications of adding millions of condoms to existing stocks – the procurement was modified to cancel some shipments and postpone others. This action prevented considerable overstocks at the national level and the probability that large quantities of condoms would expire before they could be distributed and used.

Information for Logistics Management

Every contraceptive delivery program – whether in the public or private sector – must collect and use data to manage its supply chain if it wants to guarantee customers a reliable supply of essential products. To make progress towards contraceptive security, a program must have and use relevant information to:

- **forecast** what it needs, and when it needs it,

- **finance** product requirements,
- **procure** contraceptives in a timely and efficient manner, and
- **deliver** products to customers on a reliable basis, through effective and efficient supply chains.

Contraceptive security only exists when the resources and skills to do these things are assured for the medium-term (3-5 years) and long-term (6-10 years). Budget cycles, procurement lead times, and the length of in-country funding pipelines routinely span three years and more, so advance planning is critical.

Performing each of these functions successfully requires that good data about consumption and stock status be collected in a logistics management information system (LMIS). LMIS data must be made available in accessible, tailored formats so that decision makers at service delivery, supply management, and financing agencies can use it.

An LMIS is a critical part of ensuring accountability for all products in the supply chain, reducing supply imbalances (stockouts and overstocks) at clinics and warehouses, and improving the efficiency and cost-effectiveness of the supply chain. Whether paper-based or automated, it must always capture certain essential data for each product: stock on hand, average rate of consumption (what is dispensed to users), and losses or adjustments. Keeping abreast of these three simple inventory control figures, together with knowing what quantities are already on order, allows stock managers to know what to do – place a routine order on schedule, cancel or postpone a shipment, request an emergency order.

Good quality LMIS data provides the best basis upon which to prepare forecasts of contraceptive needs. The USAID process for forecasting contraceptives involves preparing contraceptive procurement tables (CPTs) every year. CPTs provide a record of consumption for the current year (actual data), the past two years (historical data), and the next two years (projected data). CPTs – typically prepared by program managers or advisors – help programs place orders and schedule shipments. Other donors do not have such a standardized system, but in fact CPTs can and should be used to estimate requirements for contraceptives no matter what their source.

For over 20 years, USAID has been a world leader in supporting the development of LMIS. Even in countries where USAID does not provide commodities, Missions often support technical assistance to improve the efficiency and accountability of the supply chain, so that essential health

commodities, like contraceptives, reach their intended customers. USAID Missions and partners can:

- Assess the current state of logistics management information systems for essential commodities. Do LMISs exist? Are they robust and sustainable systems? Do they collect the right information, accurately, and report it routinely to appropriate managers and decision makers?
- Promote a culture of making data-driven decisions about supplies. Ask for information about the status of stocks and planning for future contraceptive needs through donor coordination committees, meetings with high-level counterparts at Ministries of Health and Finance, stakeholder forums, or cooperating agency joint planning sessions – wherever the topic turns to the presence or absence of needed supplies.
- Support (financially and/or with technical assistance) improvements or interventions to build an information base to foster contraceptive security, including an LMIS.
- Facilitate, conduct, or provide technical assistance for CPT exercises at least annually. As more current and more accurate data become available, projections must be updated and actions taken to speed up, postpone, cancel, or otherwise adjust orders and the schedule of planned shipments.

Improving Contraceptive Availability in Jordan

Successful efforts to promote family planning in Jordan during the 1990s significantly increased demand for contraceptives. Despite sufficient funding for procurement, though, recurring product stockouts undermined the country's ability to meet demand.

In 1996, the Jordanian Ministry of Health and USAID requested an assessment of the national contraceptive logistics system. It showed that only 65 percent of health centers were providing accurate data on the number of products being dispensed to users. Of the three most essential logistics data – quantity dispensed to users, stock on hand, and information on losses and adjustment – only the first two were being collected. Supply inconsistencies further compromised the quality of the information being collected. Using consumption data is the best way

to forecast future procurement needs, but frequent stockouts at service delivery points meant that the number of products dispensed was well below actual demand.

These data shortcomings resulted in 'guesstimations' of contraceptives to order and ship throughout Jordan. Every health center visited by the assessment team had a lower-than-necessary stock of at least one contraceptive method being used by its clients. Eighty-five percent were completely out of stock of at least one contraceptive product, and 15 percent suffered wasteful overstocks of other products. In some cases, health centers were experiencing stockouts while neighboring facilities had overstocks of the same products.

A key step in improving the contraceptive logistics system – and ultimately in improving contraceptive availability in Jordan – was establishing a Resident Advisor and a local counterpart (a senior logistics officer in the MOH) to provide technical leadership in a process that focused on creating a favorable policy environment for efficient logistics and building the capacity of system stakeholders. This included re-training of commodity managers at every facility in how to gather, report, and use essential logistics data.

The Ministry of Health and local partners designed a logistics system to facilitate monitoring of all the activities required for getting contraceptives from the supplier to the consumer. The system includes management information systems that provide essential logistics data and feedback reporting mechanisms. Implementation of the updated system has increased both the accuracy and quantity of data being reported. All health facilities now participate in regular reporting of logistics data. This, along with other system improvements, has reduced the number of health centers experiencing stockouts to only 10 percent, while overstocks (and related product wastage) have virtually been eliminated. This all translates into more effective use of government and donor resources, and vastly improved product availability for Jordanians.

Expanding the Decision Making Toolkit

A new range of tools is being developed to support decision making in contraceptive security. Some, like contraceptive security assessments (see Lesson 2) and market segmentation analyses (see Lesson 3), are effective in supporting advocacy, policy change, and strategic planning. Others draw from lessons learned elsewhere in family planning and health:

- A method was first developed in 2001 to measure countries according to a contraceptive security index. The index is based on national-level indicators that cover logistics, financing, the health environment, supply, and utilization (see Finkle, Hutchings, and Vail, 2001). The indicators can highlight broad areas of strength and weakness within a country, while the index can be used to compare countries or monitor overall progress across time within a country. The first round of measurements using a modified index will be published in early 2004.
- USAID is developing a method to prepare national reproductive health accounts. These measure overall system performance by tracking expenditures on reproductive health services and supplies. They can monitor performance under sector-wide approaches and poverty reduction strategies, measure changes in the role of the public and private sectors, track how expenditures change over time, and inform decentralization and service coverage improvements. The methodology will be available for widespread use in 2004.

Further Reading

Berman, P., et al. 2003. *Guide to Producing National Health Accounts, with Special Applications for Low-Income and Middle-Income Countries*. Geneva: World Health Organization, Washington, D.C.: World Bank, U.S. Agency for International Development.

(<http://whqlibdoc.who.int/publications/2003/9241546077.pdf>).

[A detailed guide to the process of acquiring and evaluating data for national health accounts, with step-by-step examples of how to turn raw numbers into information useful for policy analysis and development.]

Bhawalkar, M., et al. 2003. *Understanding National Health Accounts: The Methodology and Implementation Process*. Primer for Policymakers. Bethesda, Md.: Partners for Health Reformplus.

(<http://www.phrplus.org/Pubs/prim1.pdf>). [An overview, aimed at policy-

makers, of the concept and purpose of national health accounts, with an outline of the methodology and steps in conducting an NHA.]

De, S. et al. 2003. *National Health Accounts: Supporting NHA in Africa. A Brief for Donors*. Bethesda, Md.: Partners for Health Reformplus. [Intended for multilateral and bilateral donors, describes the concept of NHA and how NHA addresses donor concerns and interests.]

Family Planning Logistics Management (FPLM). 2000. *Logistics Management Information System Assessment Guidelines*. Arlington, Va.: FPLM/John Snow, Inc.

(http://deliver.jsi.com/PDF/G&H/LMIS_guidelines.pdf). [A comprehensive general reference with guidelines for field advisers conducting LMIS assessments.]

Family Planning Logistics Management (FPLM). 2000. *The Contraceptive Forecasting Handbook for Family Planning and HIV/AIDS Prevention Programs*. Arlington, Va.: FPLM/John Snow, Inc.

(<http://deliver.jsi.com/PDF/G&H/ForecastHandbook2000.pdf>).

[Reference book for forecasting commodity needs for family and HIV/AIDS prevention programs.]

Finkle, C.T., Hutchings, J., and Vail, J. 2001. *Contraceptive Security: Toward a Framework for a Global Assessment*. Washington, D.C.: Population Action International. (http://www.populationaction.org/resources/publications/commodities/PDFs/PAI_04_Eng.pdf). [First effort at creating a contraceptive security index for countries.]

Setty-Venugopal, V., Jacoby, R., and Hart, C. 2002. *Family Planning Logistics: Strengthening the Supply Chain*. Population Reports Vol 30, No 1. Baltimore, Md.: Population Information Program/Center for Communication Programs, Johns Hopkins School of Public Health. (<http://www.jhuccp.org/pr/j51edsum.shtml>). [Reviews the essentials for strengthening contraceptive supply chains, including discussion of information systems.]

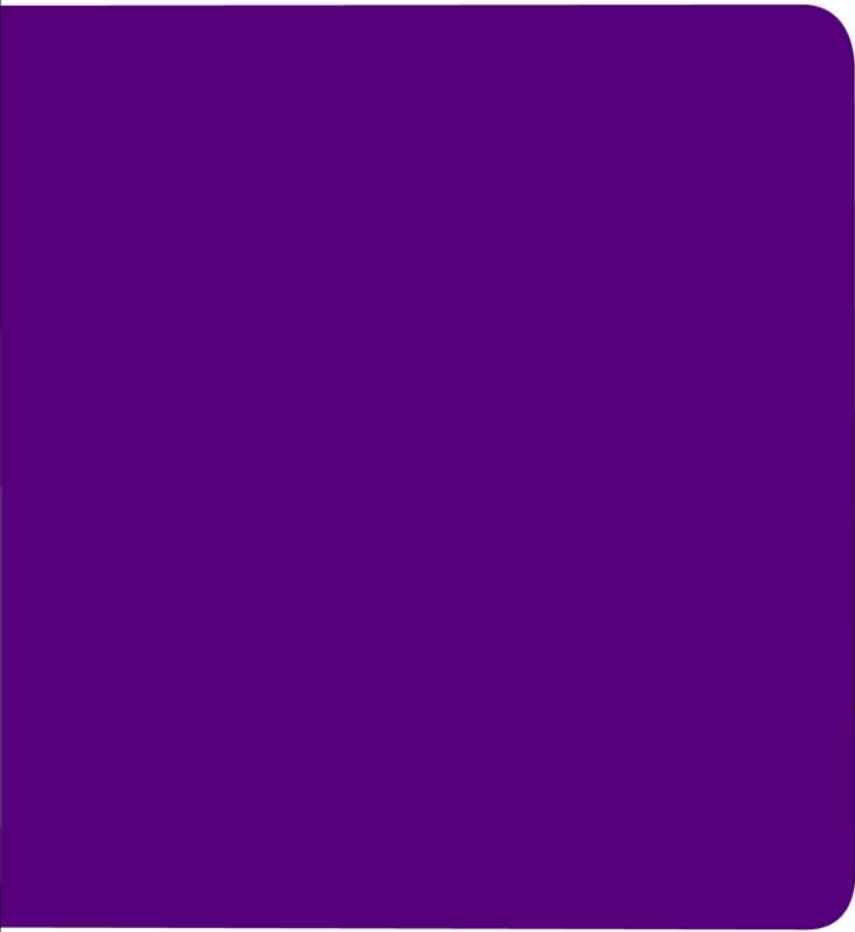
The USAID Contraceptive Security Team works to advance and support planning and implementation for contraceptive security in countries by:

- developing and supporting the use of appropriate strategies and tools for contraceptive security,
- improving decision making for contraceptive security through increased availability and analysis of data, and
- providing leadership at the global level.

The team provides technical assistance to Missions and partners in research and analysis, strategic planning and programming, monitoring and evaluation, and design and implementation of field activities. For further information, please contact:

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