

## I.No Product, No Program

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### I. NO PRODUCT, NO PROGRAM

*Contraceptive security exists when every client is able to choose, obtain, and use quality contraceptives and other essential reproductive health supplies whenever s/he needs them.*<sup>1</sup>

Achieving contraceptive security requires a strong logistics system which can provide: the right commodities, in the right quantities, in the right condition, to the right place, at the right time, and for the right cost (the “Six Rights”).<sup>2</sup>

Community-based family planning (CBFP) programs are designed to provide a variety of contraceptive methods to clients who either cannot or will not access these services through health centers or other fixed-location service delivery points. CBFP has certain key advantages for distribution of family planning methods:

- highly personalized
- reduced geographic barriers
- local champions / community
- role models

CB family planning also faces a number of challenges:

- limited medical knowledge of provider

- geographic barriers for supportive supervision, logistics and referrals
- quality of storage
- limited number of methods

In all cases, the method mix supplied through a CBFP program must not only cater to local demand but must also correspond to the CB service provider’s knowledge, skills and attitudes.

### II. SUPPLY CHAIN FOR FAMILY PLANNING COMMODITIES

The supply chain is responsible for getting the contraceptives from the manufacturer to the family planning client. It encompasses a number of activities along the way, such as transporting and storing the contraceptives, maintaining adequate supply levels, and keeping records. If the supply chain is not working well, service delivery sites will not have the contraceptive supplies their clients need.<sup>3</sup>

There are two basic minimum/maximum inventory control models:

- Push (or Allocation Model)
- Pull (or Requisition Model)

In a **Push System**, the supplying level decides what quantity of contraceptives and other commodities to provide to their customer. In a **Pull System**, the

<sup>1</sup> USAID, Contraceptive Security Ready Lessons, 2004

<sup>2</sup> UNFPA: The Six Rights, 2008.

<sup>3</sup> CDC, Pocket Guide to Managing Contraceptive Supplies, 2000.

recipient requisitions its supplier, determining the quantities needed for each product. Some systems use a combination of these two approaches. For example, regional warehouses may pull from the central store and then push to health centers.<sup>3</sup>

In any system supporting CBFP, it is critical that a CBD agent knows (1) the procedure for replenishing his or her contraceptives and other supplies, (2) who is responsible for supplying them with commodities, and (3) how to maintain good communication with their supplier.

Within a CBFP program, the supply chain is often longer than with a district or regional family planning program. If the CBD is supplied through a health facility in the program area, the CBPF program must take distribution a step further and assure that commodities are available to the CBD agents for distribution.

To plan for adequate inventory for re-supplying the CBD, storage and transportation strategies need to be made explicit. From what point will the CBD be re-supplied? How frequently will the CBD be re-supplied? Will the program deliver goods to the CBD or will the CBD travel to his or her re-supply point to pick up the goods? Will the CBD be re-supplied on a fixed calendar or “as needed”? What volume of contraceptives and other commodities does the program have to hold in order to prevent stock outs? Does the facility or the

CBD have physical limitations related to storage or transportation? Whether the CBPF program management falls within a national government system or a non-governmental organization (NGO) or other program sponsor, the CBPF commodity requirements must be included in the organization’s forecasting and procurement planning exercises.

Because CBPF is happening at the periphery, data for program management is often less timely and less complete than data from service delivery points. In addition, if CBPF has no dedicated management, depending rather on clinicians with many other responsibilities in the clinics to manage the CBDs, reporting may be weak or non-existent. This creates special challenges for both forecasting and distribution planning.

*Family Planning Logistics: Strengthening the Supply Chain; Population Reports*<sup>1</sup> discusses all aspects of a logistics system, such as the benefits of better logistics, improving staff performance, tips to building policy support, checklists to assess the supply chain, how to make accurate forecasts, the push and pull distribution systems, and involvement of the commercial sector.

### III. WHEN CONTRACEPTIVE SUPPLIES ARRIVE

All CBFP facilities and agents must store contraceptives, sometimes for long periods of

time, so understanding proper storage conditions is critical. Proper storage means ensuring that products are always available, accessible, and in good condition.

Each contraceptive product has an explicit “shelf life,” a limited period of time during which it will work effectively.

The *Pocket Guide to Managing Contraceptive Supplies*<sup>2</sup>, written by the Centers for Disease Control, provides a quick table reference which outlines how each type of contraceptive method should be stored and the length of the shelf life. For the most part, contraceptives have a shelf life of 5 years if stored properly.

Contraceptive products are marked with a manufacture date, an expiration date or both. CBFP agents should be aware of these dates and trained not to distribute contraceptives that are expired or unlikely to be used before they expire.

CBD agents should be trained to practice First-Expiry-First-Out (FEFO) such that the products they manage which will expire first are sold or distributed before newer batches of commodities. CBFP agents must be vigilant, because products received more recently may actually have earlier expiration dates (either because of the manufacturer or hiccups in the distribution system). Practicing FEFO helps the CBD prevent contraceptives from being wasted.

#### IV. INVENTORY CONTROL SYSTEM

Every system should have policies that explain how supply managers (whether warehouse managers or CBFP agents) should monitor and report stock levels and consumption (use), and request or communicate the need for more supplies. It is the responsibility of each CBD agent, community health facility supervisor and district health officer to comply with the policies of the CBPF program.

Using a Maximum/Minimum (Max/Min) inventory control system helps prevent both overstocking (which leads to wastage) and shortages or stock outs of contraceptive supplies. A Max/Min system makes sure that the amount of stock on hand is always between established maximum and minimum levels generally measured in “months of stock.”

*The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs*<sup>3</sup>, produced by the DELIVER project, details several types of maximum-minimum inventory control systems and rules for store-keepers for each system. This guide also discusses how to determine order/issue quantities, set maximum and minimum stock levels, and the advantages of using max/min inventory control.

In determining which max/min system to apply at the CBD level, it is important to consider both the knowledge and skills of the CBPF

*In Madagascar, CBD agents return to their local health facility each month to submit reports to their supervisors, so they also have the opportunity to order and receive new supplies. Within a CBFP program, CBD agents need to be able to re-supply their stock of commodities and submit their reports close to where they live.*

agent as well as the time requirements the CBPF program can impose on the agent for recording and reporting logistics data a who is responsible for the transportation of the supplies.

Since the CBD keeps a small number of contraceptives on hand, as compared to a facility, two suggested inventory control strategies are the “Two Bin” and forced ordering.

“Two Bin” is defined as giving the CBD a quantity of contraceptive methods that corresponds to two times the quantity s/he would distribute over the length of time between visits to their supply point with instructions to come in for resupply when they reach their halfway point. This strategy is very easy for the CBD to implement because the reordering rule is very simple.

Another strategy is forced ordering which requires the CBD to replenish on a fixed interval which can be tied easily to the supervision schedule, a monthly meeting with the district health office, or another specific time.

At this designated time, the CBD is replenished to their maximum level.

In general, a variation on min/max will work well for CBD, but systems only work when the actors in those systems understand the inventory control policy and have the tools, skills and motivation required to implement it.

#### V. FORECASTING

It is necessary to have good data in order to forecast how many contraceptive supplies are required for a CBFP program and having a functioning inventory control system helps by providing inventory and consumption information for logistics-data-based forecasts.

In turn, ensuring timely submission of orders to suppliers will lead to the correct amount of commodities being delivered to your program.

There are a number of reasons why stock outs occur within a program, including a poor logistics system design, lack of transportation, or a national stock out of a specific method.

If, in your program, disruptions frequently result in stock outs, this should be factored in when forecasting contraceptives. For example, if products are distributed to an agent every three months, but disruptions often result in distribution not occurring, the program managers should consider whether it is possible to speed up the distribution process or if they should increase the amount of

inventory held by CBD agents in the system. All logistics activities in a system are interdependent. Any change in inventory holding must not only be reflected in the procurement plan, but must also be made explicit in instructions to the CBDs and program managers who have to store, distribute and transport the contraceptives.

## V. SUSTAINABILITY

Long term community support depends on delivery on your promise, and this is how a strong logistics system can contribute to sustainability. Linking the CBFP program with the national logistic system contributes to sustaining family planning service to the community. This is particularly important to CBDs located in rural areas.

In order to maintain CBD and CBFP manager skills and motivation, community based health workers and staff must be trained on the logistics of contraceptive supplies for their program. Refresher trainings are always a good idea to include in your programming as CBFP agents are often unfamiliar with logistics systems and methods, and may require time and attention to become familiar with the processes. Also training may be needed when new methods are introduced in a program, as they may have different requirements.

Along with training, there needs to be proper supervision of every community health worker, from the facility level to CBD agents, to

ensure that they are adhering to logistic system guidelines – e.g., storing contraceptives properly, keeping inventory records up to date, ordering supplies and submitting reports on time. Assessing the function of the logistics system at the community level, and monitoring expiration of contraceptives are other critical supervision tasks.

*Logistics for Health Commodities*<sup>5</sup> is an e-learning course which provides basic information on supply chain logistics for health commodities and explains the importance of logistics to health programs. It provides an overview of some of the basic principles of logistics which applies to community-based family planning programs.

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*If you wish to receive the monthly Community Based FP Technical Updates, please join the Community Based FP listserv by contacting Mia Foreman at [Mia.Foreman@macrointernational.com](mailto:Mia.Foreman@macrointernational.com)*

### Resources

<sup>1</sup> Setty-Venugopal, V., Jacoby, R., and Hart, C. *Family Planning Logistics: Strengthening the Supply Chain.. Population Reports*, Series J, No. 51. Baltimore, The Johns Hopkins Bloomberg School of Public Health, Population Information Program, Winter 2002. <http://www.infoforhealth.org/pr/j51edsum.shtml>

<sup>2</sup> Binzen, Susana. *Pocket Guide to Managing Contraceptive Supplies*. Centers for Disease Control and Prevention. 2000.

<sup>3</sup> John Snow Inc./DELIVER, 2004. *The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs*. Arlington, Va.: John Snow Inc./DELIVER, for the U.S. Agency for International Development (USAID). [http://pdf.usaid.gov/pdf\\_docs/PNADE317.pdf](http://pdf.usaid.gov/pdf_docs/PNADE317.pdf)

<sup>5</sup> USAID Global E-learning course: *Logistics for Health Commodities*. 2005. <http://www.globalhealthlearning.org/courseguide.cfm?course=9>

<sup>6</sup> Hare, L., Hart, C. Scriber, S., Shepard, C., Pandit, T. (ed.) and Bornbusch, A. (ed.). 2004. *SPARHCS: Strategic Pathway to Reproductive Health Commodity Security. A Tool for Assessment, Planning, and Implementation*. Baltimore, MD: Information and Knowledge for Optimal Health (INFO) Project/Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health. <http://www.policyproject.com/pubs/monographs/SPARHCS.pdf>

<sup>7</sup> Pandit, T. and Bornbusch, A. 2004. *Contraceptive Security: Ready Lessons*. Baltimore, MD: Information and Knowledge for Optimal Health (INFO) Project/Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health. <http://www.maqweb.org/pnacw660.pdf>

<sup>8</sup> UNFPA: The Six Rights. 2008. <http://www.unfpa.org/supplies/rights.htm>

<sup>9</sup> Weil, Benjamin, Kruger, K., Stanback, J. and Hoke, T-Hatzell. 2008. *Provision of Injectable Contraception Services through Community-Based Distribution*. Research Triangle Park, NC. Family Health International. <http://www.fhi.org/NR/rdonlyres/ehnz4v/p36fuo5juzt4xwsgcndccurjd2lpsop6wfrf/iygui6nb4wdhvelhf2rhcluavonexdwfrola/CBDDMPAimplementation.pdf>