

Kapchorwa District Local Government

COMMUNITY BASED STRATEGIES

TO ADDRESS BOTTLENECKS THAT AFFECT THE
SUPPLY CHAIN FOR REPRODUCTIVE HEALTH/
FAMILY PLANNING COMMODITIES

A CASE STUDY OF KAPCHORWA DISTRICT IN UGANDA

FINAL REPORT

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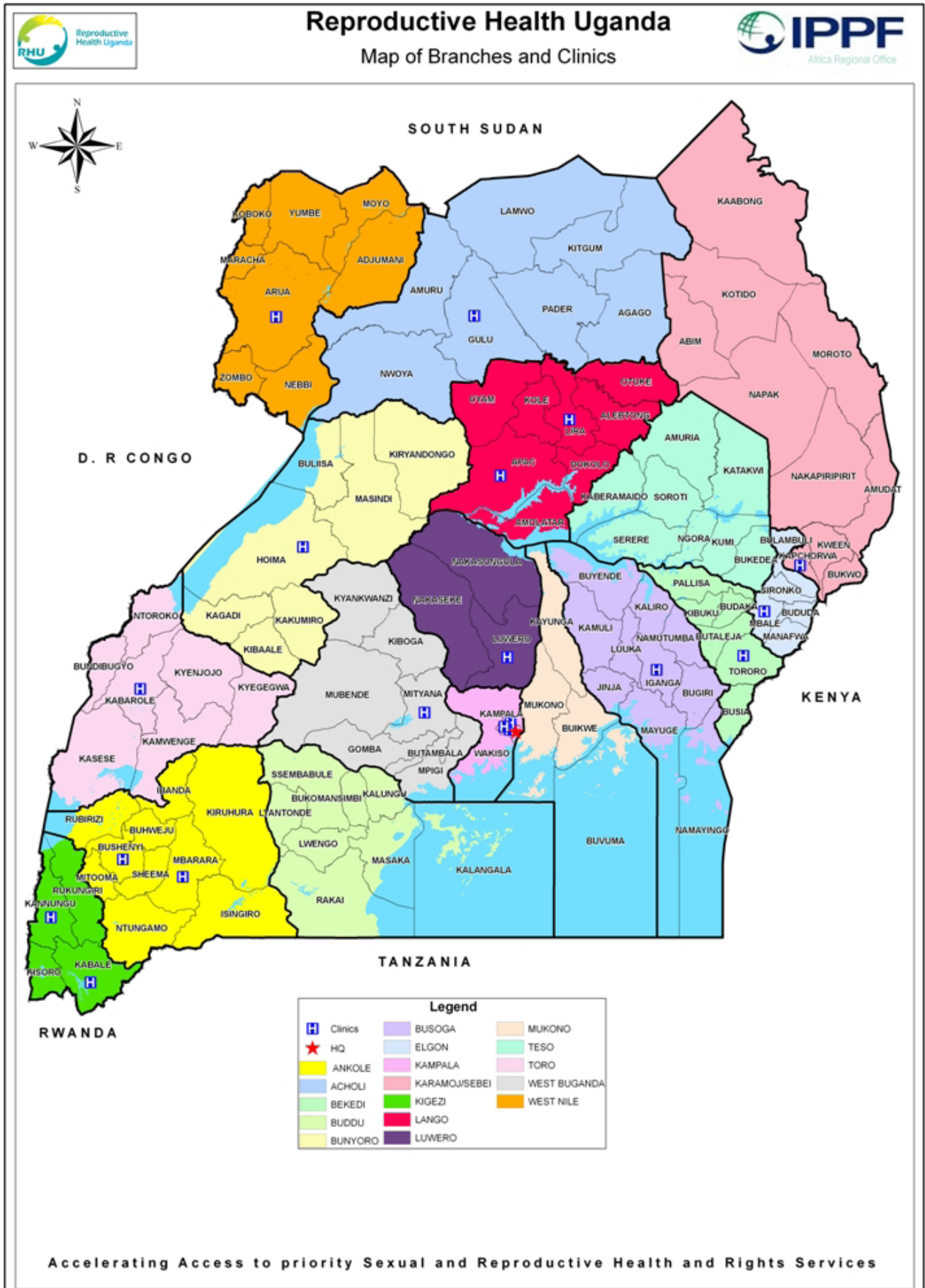


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LIST OF ACRONYMS

ADS:	Alternative Distribution Strategy
DHO:	District Health Officer
FP:	Family Planning
HC:	Health Centre
HMIS:	Health Management Information System
HUMC:	Health Unit Management Committees
IUD:	Intra-Uterine Device
MoH:	Ministry of Health
MTC:	Medicine Therapeutic Committee
NMS:	National Medical Stores
RHU:	Reproductive Health Uganda
SACCO:	Saving and Credit Cooperative organization
SOH:	Stock on Hand
UHMG:	Uganda Health Marketing Group
VHT:	Village Health Team



ACKNOWLEDGEMENT

This study report is on an intervention that identified and addressed challenges to commodity security, and that enabled the Kapchorwa community to develop a community led strategy to monitor and track family planning supplies to the final user.

Kapchorwa District Local Government extends its sincere appreciation to its partners, especially Reproductive Health Uganda (RHU) and to all organizations that supported and contributed to the process of developing this study report. We also acknowledge the Population Action International (PAI) Opportunity Fund, supported by the Bill & Melinda Gates Foundation, for its financial support that contributed to the development of this report. We also want to recognize the role of the Consultancy, Access Global Ltd, who successfully led the development process to its conclusion.

We extend special recognition and gratitude to the Ministry of Health and members of the different communities in Kapchorwa. Additionally, we also recognize the contribution of RHU's leadership, including the RHU Executive Director, Mr. Jackson Chekweko, and the Director of Programmes, Dr. Peter Ibembe for their oversight role. We also want to appreciate the contribution of RHU staff that included Mr. Richard Mugenyi, RHU's Advocacy & Communications Manager, in addition to Ms. Doreen Kansiime and Ms. Diana Kabahuma, in addition to Irene Chekamoko for their technical support in the development process.

We believe that this report will be an important reference document that many stakeholders will find useful in their work, and enable them to gain greater understanding regarding the reproductive health and family planning supply bottlenecks at community and individual level. We are certain these insights will help to promote the quality and consistency of Reproductive Health and Family Planning services in Kapchorwa and beyond.



FOREWORD


Reproductive Health Uganda (RHU) is an indigenous not-for-profit, volunteer-based grass root level organization affiliated to the International Planned Parenthood Federation. The organization is aligned to, and responds to national priorities and the international development agenda articulated in the overarching National Development Plan and the Sustainable Development Goals (SDG). It specifically addresses the burden of Sexual and Reproductive Health and Rights. To ensure its relevance and sustainability, it responds to changes brought about by differing modes of service delivery and care that include availability of prevention, care and treatment initiatives; it promotes strategic partnerships and the integration of services; works within new and revised government policies and planning frameworks within a fluctuating funding base.

Kapchorwa District Local government (KDLG) in partnership with Reproductive Health Uganda (RHU) developed a community led strategy to monitor and track family planning supplies to the last user. The strategy aims at involving all stakeholders in the commodity supply chain to be accountable towards safeguarding access of FP/ RH commodities through mitigating commodity accumulation, stock outs and expiries at service delivery points. The Uganda Ministry of Health (MoH) reports show that there are incidents of stock-out and accumulation of stock which leads to expiration of commodities at the facility level.

Kapchorwa District Local Government and partners like Reproductive Health Uganda understand that any initiative to improve reproductive health service delivery must be a continuous process that offers ongoing support to health facilities up to the final user.

We have therefore developed a report from the study conducted by Reproductive Health Uganda and Global access Limited as a reference in addressing accumulation, stock-out and expiration of Reproductive Health / Family Planning commodities in the district

On behalf of Kapchorwa District Local Government, I take this opportunity to call upon all stakeholders to make use of this report to enhance service provision thus improving sexual and reproductive health services in Uganda.



CHEPKURUI SONGHOR CHRISTOPHER

District chairperson



INTRODUCTION

Distribution of family planning (FP) commodities to public health facilities in Uganda is done through two main channels, National Medical Stores (NMS) to the public sector and to the private facilities through the Ministry of Health (MoH) Alternative Distribution Strategy implemented by the Uganda Health Marketing Group. The other channel of distribution is social franchising. MoH reports show that there are incidents of stock-out and accumulation of stock which leads to expiration of contraceptives at the facility level. One of the aspects lacking in the supply chain design for FP commodities in Uganda is community engagement especially at the last mile. We carried out a bottleneck analysis and suggested community-based strategies to address bottlenecks in the supply chain of family planning commodities.

Method



We followed an embedded case study design was followed, data from private and public sector was collected through document review, key informant interviews, archival records and community dialogues. Quantitative data was analysed to determine whether stock was accumulated or out of stock. Qualitative data from the different sources was corroborated to identify the key bottlenecks affecting the supply chain, power centres and community-based strategies to address the bottlenecks.

Findings

Key bottlenecks affecting the supply chain include; ineffectiveness of re-distribution system; insufficient FP skills among staff to provide family planning, counselling and management of side effects; inadequate supply of FP commodities by the national level suppliers (NMS and UHMG), insufficient involvement of health workers in deciding kit contents delivered to health center (HC) 2 and HC3 level and orders placed at higher levels including hospitals. There is also low awareness of recently introduced family planning methods among users and health care workers. Data is also not analyzed for planning purposes.

Power centres identified in the community that could help address the identified bottlenecks included the Health Unit Management Committee (HUMC), procurement committee, family planning champions, in-charges of health facilities, health workers, District Health Officers (DHO) and partners that support project implementation in districts.

Recommendations

Community members engaged through community dialogues, made recommendations to reduce incidences of stock-out and expiration of contraceptives and they include advocating for allocation of budget to facilitate redistribution of accumulated commodities to health facilities at risk of stock-out; capacity building of health workers in data use, provision of FP products, counselling and management of side effects of family planning; involvement of midwives who provide family planning in the consultation process to develop essential medicines kits for HCs at the lower level (2 & 3) and in the ordering process at higher level health centers including hospitals; and engagement of FP champions to create awareness about FP rights and responsibilities.



1. BACKGROUND

1.1 The supply chain for FP commodities in Uganda

Distribution of FP commodities to public health facilities in Uganda is done by the National Medical Stores (NMS). With decentralization of health services, “pull” and “push” systems were instituted in each district and health facility managers have the autonomy to procure medicines they need in the required quantities from NMS, within pre-set financial earmarks. Meanwhile, the lower health facilities (Health Centre level 2 and level 3) receive a pre-determined kit containing commodities that can be provided by the health workers at those lower health facilities.

The Alternative Distribution Strategy (ADS) of the Ministry of Health makes a provision for private health facilities to access public FP commodities and use them to provide FP services in the private sector. Implementation of the ADS is led by the Uganda Health Marketing Group (UHMG). The ADS and the MoH guidelines on redistribution of health commodities allow District Health Officers (DHOs) to redistribute commodities from over-stocked to less-stocked facilities to prevent stock-out and expiration the commodities.

Despite issuance of the ADS and redistribution guidelines, MoH reports show that there are incidents of stock-out and accumulation of stock which leads to expiration of at the facility level.

1.2 Development related challenge

One of the aspects lacking in the supply chain design for FP commodities in Uganda is community engagement especially at the last mile. There have been community-based initiatives like Health Unit Management Committees (HUMCs) and Medicines Therapeutic Committees (MTCs) but these have not been sustained. Use of existing community structures for example Local Councils, women’s groups and youths’ groups, Village Health Teams (VHTs), and Savings and Credit Cooperative Organisations (SACCOs) as opposed to creation of standalone structures could be a solution to the challenge of sustainability. The challenge is how to engage existing community-based groups and individuals to engage in identifying and solving bottlenecks that may affect the supply chain for FP commodities at the community level and influence what happens in the upper part of the supply chain.



1.3 Development related intervention and key players

Reproductive Health Uganda (RHU) has been implementing the Advance Family Planning (AFP) initiative in Uganda. The AFP initiative is an evidence-based advocacy initiative, designed to increase the financial investment and political commitment needed to ensure access to high-quality voluntary FP. Also with funding from Population Action International (PAI), RHU undertook a study to identify bottlenecks to the RH/FP supplies to the last user. The study was intended to develop community led strategy aimed at strengthening community engagement in supply chain management through to address bottlenecks that affect the supply chain for FP commodities. The intervention is being implemented with the involvement of the Uganda MoH and the District Local Government in Kapchorwa.

1.4 Rationale of consultancy intervention

It is important that the community is empowered to actively engage government to address bottlenecks that may affect community access to FP commodities. Consequently, Access Global Ltd was hired to identify the bottlenecks that affect the supply chain for FP commodities, conduct power mapping to identify who would address the bottlenecks and work with the communities to develop community-based strategies to address the bottlenecks. The bottleneck analysis and power mapping were required to be implemented in Kapchorwa district, and at the national level.

1.5 Study objectives

The main objective was to conduct a bottleneck analysis and power mapping on the supply chain for FP commodities with a focus on Kapchorwa district to propose how the community at the last mile can track and monitor the supply chain for FP commodities to the last mile. The results will generate and inform advocacy issues and actions to engage key policy makers and ensure that key decision makers at subnational levels address the bottlenecks to fulfil their obligations towards the people they serve.

The specific study objectives were stated as follows:

- To identify bottlenecks in the supply chain for FP commodities at national, district and community level
- To identify power centres in the supply chain for FP commodities at national, district and community level
- To propose strategies that can be used by the community at the last mile to address bottlenecks in the supply chain for FP commodities at national, district and community level.



2. Operationalization of key concepts

2.1 Inventory management

According to Management of medicines and health supplies manual 2012 produced by the pharmacy division, Ministry of Health, Government of Uganda Inventory management involves all the policies, procedures and techniques used to maintain the optimum amount of each item in stock. It involves ordering, receiving, storing, issuing and reordering items.

Stock management enables tracking of consumption history to quantify future needs. Tools used to keep stock records are stock cards and stock books. From these, you can determine average monthly consumption (AMC), minimum stock, what to order, and when to order.

Average monthly consumption is the quantity of items consumed per month. It should be calculated periodically. Stock on hand is the balance available after adjusting for receipts, issues and losses. Damages, lost stock and expiries are considered losses. Months of stock is the number of months a product will last based on the present consumption rate. It is determined from the stock on hand and the average monthly consumption. Minimum and maximum stock can be determined from Months of stock, stock levels above maximum are considered accumulated while below minimum under stocked.

2.2 Supply chain

We take the supply chain to be the flow of FP commodities from the point of manufacturer to the final consumers at the service delivery point.

2.2.1 Supply chain bottleneck analysis

The supply chain facilitates flow of products, information, money and decisions to ensure that the right commodity is always delivered in the right quantity to the right place at the right time. If this is not achieved, we observe incidences of stock-out, stock accumulation and expiration within the supply chain. We therefore adopt the three as our indicators of supply chain performance.

2.2.2 Stock-out

Stock-out of a commodity is said to occur when there is none or insufficient quantity of the commodity at the point where the customer is usually served with the commodity. Stock-out directly affects customers who miss services due to non-availability of essential commodities (Ministry of Finance, Planning and Economic Development (UG), 2015) and is used as the performance indicator for the national pharmaceutical sector in Uganda (Ministry of Health (UG), 2015b). Stock-out is therefore a cardinal indicator that a supply chain is malfunctioning, and it directly affects the customers. In this research, stock-out of medicines is defined according to Uganda Health Management Information System (HMIS) form number 105 where “out of stock” means that there was none of the commodity left in the health unit store for a minimum period of one day.

2.2.3 Stock accumulation

Stock accumulation is said to occur when the quantity of stock available in the supply chain exceeds desired maximum stock levels which is determined according to the inventory control policy



adopted by the managers of a supply chain (Simchi-Levi, Kaminsky, & Simchi-Levi, 2009). When a supply chain is malfunctioning, stock accumulation may be evident through stock piles at various levels of the supply chain which increases likelihood of stock expiration. Expiration of medicines is therefore another important indicator of on how well supply chains for essential medicines are managed.

2.2.4 Stock expiration

Expiration of medicines is common in Uganda and the accumulating volume of expired drugs has attracted high level management attention (Auditor General (UG), 2015a); (Auditor General (UG), 2015b)). A medicine is considered to have expired if it reaches its stated expiry date before it is issued to the final consumer user, irrespective of the cause of no use before expiry. Our explication of stock expiration excludes medicines that may expire when in possession by the final consumer / user and medicines that may expire after being declared unfit for use due to damage or any other reason well before the stated expiration date.

To identify the bottlenecks in the FP supply chain, we shall identify and explicate cases of stock-out, stock accumulation and expiration of FP commodities in Kapchorwa district. At the community level, we shall apply the community score card with the three indicators. Findings from the district level will be used at the national level (NMS, UHMG and MoH) to identify national level bottlenecks that influence the supply chain as seen from the community level. The explanations given would be reported as the supply chain bottlenecks affecting the supply chain for FP commodities in Uganda.

2.3 Community based strategies

According to Slay maker et al, 2005, Community based approaches are approaches which involve beneficiaries in their identification, design and implementation with major objectives of empowerment of people and communities, improve efficiency, effectiveness and sustainability of interventions, build organizational capacity at local level and strengthen local governance. Community based strategies can be generated by use of the community score card. The community score card is a two-way participatory tool for assessment planning, monitoring and evaluation of services. The CSC brings together the demand side/service user (community) and the supply side (service providers) of a service to jointly analyse issues underlying service delivery problems and find a common and shared way of addressing those issues. (The community score card (CSC): 'A generic guide for implementing CARE's CSC process to improve quality of services.' Cooperative for Assistance and Relieve Everywhere, Inc. 2013).

2.4 Power mapping

'Power mapping is a framework for addressing issues and problem solving through leveraging relationships and networks. It is a conceptual strategy of determining whom you need to influence, exactly who can influence your target, and whom you can influence to start the dominoes in motion. This framework assumes that networks of relationships (between individuals, organizations, institutions, etc.) are critical resources, and that stronger networks yield stronger solutions'. (www.results.org/uploads/files/bonner-powermapping.pdf accessed on 2/2/18).



4. METHOD

4.1 Research design

Supply chain bottlenecks manifest as stock-out, stock accumulation and expiration of FP commodities. Supply chain bottlenecks were arrived at through explicating stock-out, stock accumulation and expiration while community-based strategies were identified through community dialogues during which community members were taken through a process of designing preventive measures against incidences of stock-out, stock accumulation and expiration of FP commodities within Kapchorwa district.

We approached the consultancy as a multiple

embedded case study. The supply chain in Uganda is nested in either private or public sector. Cases were drawn from both sectors to include the different levels (Hospital, HC 3, and HC2) of service provision. Incidences of stock-out, accumulation and expiration at health facility level within Kapchorwa district were studied.

4.2 Selection of cases

The specific health centres where incidences of stock-out, accumulation and expiration were studied and selected from the following health facilities recognized in the Ministry of Health facility inventory of 2016.



Table 4 1: health facilities recognized in the Ministry of Health facility inventory of 2016
(source: MoH Health Facility Inventory of 2016)

SUB-COUNTY	HEALTH FACILITY	LEVEL	OWNERSHIP	AUTHORITY
Chema	Chemosong	HC2	Govt	LGA
Gamogo	Gamogo	HC3	Govt	
Kabeywa	Kabeywa	HC3	Govt	MoH
Kapchesombe	Kwoti	HC2	Govt	MoH
Kapchorwa Town Council	Kokwomurya	HC2	Govt	MoH
Kapchorwa Town Council	Police Clinic	HC2	Govt	Police
Kapchorwa Town Council	Reproductive Health Uganda	HC2	PNFP	RHU HC2
Kapchorwa Town Council	Kapchorwa	Hospital	Govt	MoH
Kapsinda	Cheptuya	HC3	Govt	MoH
Kaptanya	Ngangatta	HC2	Govt	MoH
Kaptanya	Tumboboi	HC2	Govt	MoH
Kapteret	Kaplelko	HC2	Govt	MoH
Kaserem	Kaserem	HC3	Govt	MoH
Kawowo	Kaserem Christian Medical Centre	HC2	PNFP	
Kawowo	Sanzara	HC2	Govt	LGA
Munarya	Chebonet	HC3	Govt	MoH
Sipi	Gamatui	HC2	PNFP	UCMB
Sipi	Sipi	HC3	Govt	MoH
Tegeres	Sebei College Sick Bay	HC2	Govt	MoH
Tegeres	Tigrim	HC2	Govt	LGA
Tegeres	Tegeres	HC3	Govt	MoH



The researchers targeted to study ten health facilities with the highest chances of stock-out, stock accumulation and expiration in Kapchorwa district. The District Health Officer (DHO) guided the research team to include health facilities with the highest chances of stock-out, stock accumulation and expiration based on information available with the DHO. We also intended to include Government owned and non-Government owned health facilities so that bottlenecks would be identified in both the public-sector supply chain under NMS and the private sector supply chain under UHMG. Following consultation with the DHO, the ten health facilities included in the study were Kapchorwa main Hospital, seven public sector health facilities at the level of HC3 (Gamogo, Kabeywa, Cheptuya, Kaserem, Chebonet, Sipi and Tegeres) and two health facilities at the level of HC2 (Tumbaboi HC2 and RHU HC2). RHU HC2 was the only private facility offering family planning visited.

Preliminary data was collected by review of archival records (stock cards) from all the ten health facilities to identify facilities that had experienced either of the phenomena (stock-out, stock accumulation and expiration). Further, data was collected through in-depth interviews with the staff at the facility. The facilities that had experienced either of the phenomena under study were selected as cases that could be further studied and were invited to participate in community dialogues since they had potential to inform the study. Community dialogues were conducted for three of the selected health facilities.

Through the above process, the following health facilities were finally selected for detailed study Sipi HC3, Kapchorwa Hospital, Kaserem HC3 and RHU HC2.

4.2.1 The case of Sipi HC3

On the day of preliminary data collection, Sipi HC III had the following items in stock; Jadelle implants, Medroxyprogesterone acetate, Microgynon Fe, Intra Uterine Devices (IUDs), male condoms, Norygynon injection and Noristerat injection. The facility was selected because 450 pieces of IUDs had expired, 70 vials of Norigynon injection were soon to expire while 80 vials of Noristerat injection were expired. The table below provides details of the stock situation at Sipi HC3.



Products	Stock at hand	Adjusted Average monthly consumption	Months of stock	Stock outs noted	Expiries noted
IUD	100	0	Excess.		450 expired.
Jadelle	40				
Medroxyprogesterone acetate	325	50	6.5	Jan – March 2017	
Male condoms	37*144				
Implanon	00			March-May 2017 Nov-Dec 2017	
Microgynon	24			May- sept 2017 Jan-March 2017	
Norigynon	70	7	10 May –sept 2017		Soon to expire. Batch number XBB69
Noristerat	80	7	11 From May till Dec 2017.		80 Expired Batch number 23229A

4.2.2 The case of Kapchorwa Hospital

On the day of preliminary data collection stock cards were reviewed and a physical stock count done. We found that Kapchorwa Hospital had the following items in stock; injection medroxyprogesterone acetate, Microgynon oral pills, IUDs, Implanon implants and male condoms. Kapchorwa Hospital was selected as an informative case because it was stocked out of Microgynon pills during the period July to August 2017 while 77 IUDs had expired in the Hospital. The table below shows preliminary data obtained from Kapchorwa Hospital.

Product	Stock at hand	Expiry date	Days out of stock	Average monthly consumption	Months of stock	Expiries reported
Medroxyprogesterone acetate	900	3/2020	00	100	9 Accumulated stock	
Microgynon	9	6/19	July to August			



IUD	55	4/19	00	0		77 Expired in 01/15. Batch number DA10454
Implanon	01	3/19				
Male condoms	120*144	June 2020	00			

4.2.3 The case of Kaserem HC3

A Physical count done at Kaserem HC3 showed that the facility had only 26 vials of injection Medroxyprogesterone acetate and did not have any other FP commodities. The case was anticipated to be informative because it was out of stock of all commodities except the 26 vials of injection Medroxyprogesterone acetate.

4.2.4 The case of RHU HC2

The only private health facility known to be providing FP services in Kapchorwa district is RHU HC2. The facility was well stocked with commodities for both long term and short-term FP methods. However, it was common for Microgynon pills and Implanon pills to stock out. This facility was therefore selected as the most informative case from the private sector. The table below shows the stock situation in RHU HC2 on day of visit.

Product	Stock at hand	Expiry date	Days out of stock	Months of stock	Expiries reported
Medroxyprogesterone acetate	1000	02/2021			
Microgynon	60	7/19			
IUD	200	4/19			
Implanon	00		05		
Male condoms					
Jadelle	420				
Noristerat	200	June 2018			
Norigynon	0				

4.3 Research Questions

Guided by the specific objectives given by the client, we adopted two levels of research questions, level 1 relates to collection of data from the identified data sources while level 2 involves analysis of data to arrive at the answers to the consultancy questions. We therefore adopted the following research questions for this work:



Major RQ: How can the community at the last mile address bottlenecks that affect the supply chain for Family Planning (FP) commodities?

Level 2 research questions

Minor RQ1: What are the bottlenecks in the supply chain for FP commodities at national, district, health facility and community level?

Minor RQ2: Who has the power to address bottlenecks in the supply chain for FP commodities at national, district, health facility and community level?

Minor RQ3: What strategies can be used by the community at the last mile to address bottlenecks in the supply chain for FP commodities at national, district, health facility and community level?

These questions were answered through the following level one questions used to collect data;

Level 1 research questions

Q 1: Has there been stock-out of FP commodities in Kapchorwa district in the recent past? If yes, when, where, what, and who was involved?

Q2: Has there been stock-accumulation of FP commodities in Kapchorwa district in the recent past? If yes, when, where, what, and who was involved?

Q3: Has there been expiration of FP commodities in Kapchorwa district in the recent past? If yes, when, where, what, and who was involved?

Q 5: What should be done to prevent recurrence of stock-out of FP commodities in Kapchorwa district?

Q6: What should be done to prevent recurrence of stock-accumulation of FP commodities in Kapchorwa district?

Q7: What should be done to prevent recurrence of expiration of FP commodities in Kapchorwa district?

4.4 Data collection

Data collection methods included documentation review, archival records, community dialogues and in-depth interviews with in-charges of selected health facilities in Kapchorwa, district and national level stakeholders.

I. In-depth interviews were carried out at facility level and at national level with key respondents at NMS, UHMG and MoH. Level one research questions were appropriately paraphrased and used to collect data.

II. Archival records involved stock management records including stock cards, stock books, stock orders,



invoices and delivery notes. We captured the following data from the archival records; quantity of stock consumed in the last 3 months, days out of stock, expiry date, quantity of expired stock and stock at hand.

III. Participant Observation in community dialogues organized at the district; we picked data through direct observations of the meeting proceedings during the community dialogues, we provided information on stock-out, accumulation and expiration of FP commodities that we had collected through in-depth interviews and archival records. Participants in the community dialogue included duty bearers/service providers and FP champions (VHTs, women's groups, HUMC members, male champions, and leaders). Out of the community dialogues, we captured data on bottlenecks affecting the supply chain, power centres and community-based strategies.



Table Error! No text of specified style in document.-1: Data collection points

Field data collection method	Number conducted
In-depth interviews	Health Facility: 10 District: 01 National: 03 (NMS, UHMG, MoH)
Archival records	Health Facility: 10 District: 01 National: Nil
Participant observation in community dialogues	Health Facility: 3 (community members selected around each Health Facility) District: 01 (District Technical Officers, women's group, youths group) National: Nil
Validation meeting	District: 01 National: 01

A validation meeting was carried out after preliminary data collection to corroborate the findings. Members of the district health team, chief administrative officer, partners like RHU HC2 participated in the validation meeting.

4.5 Data analysis and presentation

Data analysis was done through cross-case synthesis technique which involved both within case analysis and a cross-case analysis. Analysis aimed at differentiating explication of phenomena in the public sector from that in the private sector.

Qualitative and quantitative data from each data source was corroborated in answering each of the research questions. The responses to each of the questions were refined through rewriting and clarifying until saturation – whereby additional data collection did not provide any new information.



Quantitative data (quantity consumed in previous 3 months and Stock on Hand - SOH) for each FP commodity from the archival records was consolidated in one excel sheet and analysed to identify cases of stock accumulation, stock outs and expiries. Average monthly consumption was determined from consumption data for each of the 3 months before date of data collection. Months of stock were determined from average monthly consumption data and the physical stock on day of visit. Commodities with SOH of more than five months of stock were considered accumulated. Each occasion which was reflected on the stock records as SOH of zero showed commodity was out of stock. To determine days out of stock of commodity, days between days of recording zero stocks to the day when product was made available were counted. Expiries reflected in the records were also noted including what product, how much and when the product expired.

Qualitative data from in depth interviews, validation meeting and community dialogues obtained was processed by the consultants responding to research questions.

Within case analysis involved presenting complete analysed quantitative and qualitative data within each individual case within the different contexts instead of general pooling of the data across cases.

Cross case analysis was done after completion of within case analysis. It involved analysis at a whole case (Kapchorwa) level to identify themes and patterns allowing whole case pattern matching and explanation building to develop an explanation that could fit all the individual cases.

Measures were put in place to ensure that the research design was of good quality; construct validity was addressed by use of multiple sources of evidence to establish a chain of evidence and use of validation meetings to review findings. Internal validity was addressed by using explanation building and pattern matching techniques. Replication logic was used to ensure external validity and all the steps taken in conducting the study have been recorded to ensure reliability.



4. FINDINGS

4.1 Occurrence of stock-out of FP commodities

4.1.1 Sipi HC3

Sipi HC3 experienced stock outs of injection Medroxyprogesterone acetate, male condoms, implanon implants and microgynon oral pills.

Injection Medroxyprogesterone acetate was out of stock during the period January to March 2018. From the stock cards, we noted that NMS had not delivered Medroxyprogesterone acetate during the period from January to May 2017 and this could have explained inadequate supplies that led to the stock-out during that period. During the stock-out period the facility requested and received stock from RHU HC2, Kapchorwa main hospital and Tegeres HC3 through the redistribution mechanism though it was still not sufficient.

Implanon implant was out of stock during the period from March to May 2017, then from November 2017 to time of data collection (December 2017). The supply of Implanon between June and October 2017 was made by Reproductive health Uganda and not NMS. The facility had never received implanon from NMS yet the supplies from partners were not sufficient to serve the community hence the stock out. At the time of data collection, the midwife informed us that RHU HC2 was also stocked out of implanon therefore the facility could not pick more stock from there.

Microgynon pills were out of stock from May to September 2017 when NMS made its first delivery in the calendar year of 2017. Non-delivery of microgynon pills could have led to its stock out. The midwife informed us that oral pills are usually

used at the facility to manage side effects from other contraceptives.

Male condoms had also stocked out in January and March 2017. On review of the stock movement according to the stock cards, we noticed that the stock-out could have resulted from inadequate quantity delivered. In November 2016, NMS delivered 20*144 pieces that stocked out before the next cycle of January 2017, In January 2017 NMS still delivered 20*144 but it stocked out by March. This implies that the consumption had increased and there was a need to review the kit content. The stock card reflects that the kit was not reviewed since quantities received from NMS remained constant over the past two years (2016-2017)

When asked to explain why stock-outs occurred at the health facility, the midwife in charge of FP at Sipi HC3 said that stock-outs happen because of insufficient supplies received through the push system. She also reported that when stock-outs happen, they request for the commodities from other neighbouring health units. They borrow from hospital and partners like RHU HC2.

The midwife interviewed stated that stock outs can be avoided by involving the FP unit during ordering of commodities. She further advised that sensitization of community members about other commodities will also reduce the pressure on only one commonly used method thereby preventing its stock-out.

4.1.2 Kapchorwa Hospital

According to the midwife at Kapchorwa Hospital, oral pills (Microgynon and emergency pills) had been out of stock for over 4 years. The midwife stated that stock-outs happen due to poor



ordering where less than required commodities are ordered. A staff at the facility informed us that family planning unit is not usually involved in making orders for family planning commodities hence stores may order less or more than required commodities. The hospital staff informed us that in case of stock outs, Partners are usually asked to support the facility in providing the commodities that are unavailable.

4.1.3 Kaserem HC3HCIII

Kaserem HC3 experienced a stock-out of Medroxyprogesterone acetate during the period from May to October 2017. The midwife informed us that Stock outs were frequent since the close of the STAR E project that was running in Kapchorwa and providing several commodities to the facilities. She said Partners like Mariestopes had been carrying out outreaches to provide services during this period to curb the stock outs at the facility. However, the partners provide only long-term FP methods, yet their clients prefer the short-term methods. The midwife further explained that short term methods are preferred because most of the long-term methods have been associated with side effects like excessive bleeding.

4.1.4 RHU HC2

The facility which partners with the DHO and other Health facilities in Kapchorwa to provide FP services experienced stock-out of Implanon and Microgynon in 2016. Implanon stock out was in July 2016 while Microgynon stock out was in October 2016. During 2017, commodities had been majorly present though on the day of visit to the health facility in December 2017, the facility had run out of Implanon. The in-charge of the facility informed us that she had placed a request

for the commodities from RHU HC2 in Mbale district.

The Doctor working at the facility attributed stock-out to limited method mix in the health facilities and district. She explained that most facilities stock-out because they only provide injection Medroxyprogesterone acetate and male condoms such that there is much demand for injection Medroxyprogesterone acetate being the mostly available short-term FP method.

4.1.5 National level

Findings from the alternative distribution strategy audit of last year (2017), show that several products were out of stock at the central warehouses. However, when we inquired into the stock outs, UHMG explained that their role was to report on stock levels and not to place / follow up on the orders. The ADS manual excludes the lead supply chain agency from the ordering process, yet they should be charged with the responsibility to see that the warehouse never gets stocked out of the commodities, through timely placement of orders and follow up. Therefore, the auditors argued that stock-out of family planning methods were mainly due to gaps in demand forecasting and supply planning at the national level and indeed all levels of the supply chain.

4.1.6 Key bottle necks associated with stock-out of FP commodities

Inadequate supply to the health facilities is identified as a major cause of stock-outs. In the four cases, we found incidences where facilities did not receive some FP commodities from NMS during some of the cycles in the year.



Stock-outs have also been attributed to limited method mix whereby one type of commodity like injection Medroxyprogesterone acetate is overly consumed while undermining consumption of the other commodities.

The other cause of stock-out in the facilities identified is a weak redistribution system, between May and October most facilities experienced a stock-out of Medroxyprogesterone acetate even though the commodity was present at the general hospital in large quantities. This was majorly since most of the facilities have no or inadequate budget to carry out redistribution.

Over reliance on projects financed by development partners was also identified to contribute to stock-outs. For example, closure of the STAR E project was associated with stock-outs at Kaserem HC3. Sipi HC3 was also depending on a partner to access implanon and when the partner could not supply more, Sipi HC3 ran out of stock.


NMS had supplied only short-term methods to the public facilities during 2017 and hence there was a high consumption for the short-term methods leading to frequent stock outs. Long term methods were not available in facilities though few facilities like Sipi HC had received Implanon stock from a partner though it was inadequate hence the stock out. The facilities depend on the support from partners and hence inability to receive that support led to stock outs of commodities in the facilities.

Inadequate supplies from NMS was also captured as a cause for the stock-outs. some facilities stated that they had not received some commodities in some cycles. Facilities visited were concerned that development and review of the kit did not involve all of them.

4.2 Occurrence of stock accumulation of FP commodities

4.2.1 Sipi HC 3

Commodities that were found to have accumulated at Sipi HC3 were Intra Uterine Devices (IUDs), Medroxyprogesterone acetate, injection Noristerat and injection Norygynon. According to the midwife at Sipi HC3, commodities can accumulate due to low or no consumption and accumulated stock expires if it is not redistributed.

The IUDs that accumulated were supplied by PACE over a period of 4 years and finally expired. In October 2012 PACE provided 600pieces of IUDs to the facility, part of this stock expired in March 2017. 50 pie  could not be accounted for since they were on captured in the stock card. Only According to a midwife at the facility, IUDs accumulated because there was no trained staff to insert them. The facility in-charge claimed that (he) was not aware of the accumulated stock and hence did not make any effort to redistribute these commodities. Further, despite this accumulated stock being available at the facility, partners were providing IUD services at out-reaches within the facility while using their own commodities and qualified personnel to provide the services.

The facility had 7 Months of stock of Medroxyprogesterone acetate in December 2017, this was because despite the reduction of the AMC from 80doses to 50doses the bi-monthly deliveries through the kit system could not be adjusted.

100 doses each of Noristerat injection and Norygynon injection were received from Reproductive Health Uganda in May 2017. The AMC for Noristerat was 7doses with 10 MOS from May to September 2017. Only 20 doses of Noristerat



injection had been utilised by date of expiry in September 2017. Only 16 doses of Norigynon injection had been consumed by December 2017 yet it was due to expire in January 2018. There were 11 months of stock of Norigynon injection from May – December 2017.

Noristerat injection and Norygynon injection accumulated due to low uptake because FP users are more aware of and prefer injection medroxyprogesterone acetate to Noristerat injection and Norygynon injection which are more of short-term methods (1month). Norygynon injection has been majorly used to treat side effects of very long-term methods.

We observed that injectables also expired due to receipt of near expiry excess stock at the facility in May 2017.

The midwife suggested that expiries can be avoided by training health workers on how to administer the IUDs and by providing the necessary equipment needed to administer them. She also said that sensitizing the community about the different commodities used in family planning can help to prevent expiries because many of the clients are only open to using those commodities they have heard about leading to expiry of the less known commodities.

4.2.2 Kapchorwa Hospital

Commodities that were found to have accumulated at Kapchorwa hospital were injection Medroxyprogesterone acetate and IUDs.

Injection Medroxyprogesterone acetate had been over accumulated over the past year and the hospital had not made an order for it. The hospital had 9 months of stock in December 2017. Midwives at Kapchorwa Hospital explained that stock

accumulation resulted from low uptake due to myths in the communities for example that “family planning causes infertility, deformed babies” etc. However, injection Medroxyprogesterone acetate is already a popular method among users and there should be a more likely explanation for accumulation than myths.

Regarding IUDs, a midwife at Kapchorwa Hospital explained that there is less consumption of IUDs because most of the women don’t like it. She further explained that women don’t like IUDs because it involves insertion and yet some are not comfortable exposing themselves.

4.2.3 Kaserem HC3

Kaserem HC3 did not have physical evidence of stock accumulation and had no stock cards from which stock accumulation could be detected. In-depth interviews did not reveal any information which could suggest that there was accumulated stock.

4.2.4 RHU HC2

Information available at RHU HC2 revealed that there was accumulation of injection Noristerat and Norygynon in December 2016. The quantities of the products were high yet there was low uptake, and all would expire in 2017. 1400 doses of Norygynon in stock due to expire July 2017 though no uptake in the previous 3 months and 3200 doses of Noristerat due to expire in September 2017.

The stores assistant informed us that due to the short expiries and high quantity of stock on hand as compared to uptake, the commodities were returned to the headquarter at the end of 2016 to be redistributed and consumed thereby avoiding any expiries.



RHU Kapchorwa branch incharge attributed low uptake to unsupportive spouses (low male involvement). She explained that in a project carried out by RHU clinic to find out reasons for low male involvement due to myths and misconceptions. For example, one of the reasons for low male involvement was that some men believed that FP increases women's libido and they worry that that will cause their wives to cheat. The other reason was side effect of using FP specifically prolonged bleeding that contributed to low support from males to their spouses since they claim that wives are always bleeding and hence cannot meet their conjugal rights.

However, we did not find the above explanations plausible regarding the two commodities that had accumulated – injection Noristerat and injection Norygynon. Rather, we found attribution of accumulation of injection Noristerat and injection Norygynon to a national wide stock accumulation that led to a push of the commodities are more plausible explanation. Minutes of the meetings of the Medicines Procurement and Management Technical Working Group (MPM–TWG) at the MoH for the 2016 indicate that the two commodities were recently introduced in the country but had accumulated at the national level because of low demand since FP users had not been educated about the new commodities.

4.2.5 National level

The national supply chain audit of 2017, revealed that stock accumulation was most frequent for Intra Uterine Devices (IUDs) in 12.77 percent of the organizations audited followed by misoprostol at 12.5 percent, female condoms at 9.09 percent and ECP at 8.16 percent. It is notable that these commodities, except IUDs, were listed as

underutilized commodities by the UN commission on life saving commodities (United Nations, 2012).

Stock accumulation could be attributed to sub optimal practice of demand forecasting and supply planning proposed above in explication of stock-outs. However, the audit showed that stock accumulation is higher for the well-known underutilized commodities and lowest for the most commonly used contraceptive method in the country. Therefore, the more likely explanation of stock accumulation in Uganda is the concept of underutilized commodities as espoused by the UN commission on life saving commodities which identified “low demand for the product by end-users, local delivery and distribution breakdowns and incorrect prescription” (United Nations, 2012 pg.9) as one of the key barriers affecting underutilized lifesaving commodities. Through the ADS, the challenge of local delivery and distribution breakdowns was overcome however, the breakthrough is still undermined mainly due to low demand for the product by end-users.

4.2.6 Key bottlenecks associated with accumulation of FP commodities in the supply chain

The major reasons for accumulation of FP commodities in the supply chain is low uptake due to inadequate knowledge on FP among communities (finding from the community dialogues), myths and misconceptions, low levels of awareness among the users and health workers and inadequately skilled health workers.

Myths and misconceptions still exist among the communities and affect use of FP in general or uptake of specific FP methods.



Low levels of awareness among FP users and health workers was found to contribute to accumulation of commodities especially those that are newly introduced in the country without appropriate awareness creation for example injection Noristerat and Norigynon.

Inadequately skilled health workers potentially cause accumulation of FP commodities. Staff have skills gap in administering long term FP methods for instance Kapchorwa hospital and Sipi HC3 had IUDs in stock, but health workers lacked knowledge on insertion and removal of the IUDs. At Sipi HC3, one community member put it that “the health workers available are not very competent in offering FP services for instance they are always referring us to get especially long-term methods from the district hospital or RHU HC2”. If staff cannot administer the commodities available, accumulation occurs. Indeed, at RHU HC2 we were informed that several times they had received cases of women with inserts from health centres who had been referred to have them removed at the RHU HC2 because the health workers at those facilities are unable to remove the inserts. In other cases, procedures are poorly done and referred to RHU HC2 for further management.

Conversely, a key informant at the national level was surprised that there was a skills gap in Kapchorwa district; “There was a programme to replace Implanon Classic with Implanon NXT, I thought health workers in Kapchorwa, especially from health centre three onwards benefited from the skills training on a range of FP methods”

Meanwhile, the RHU Kapchorwa branch incharge who has been working closely with the District Health Office and facilities concerning FP attributed accumulation of under consumed commodities to

failure to conduct outreach by health centres to their catchment areas.

At national level, stock accumulation was attributed to low demand for the commodities since the commodities that were accumulated were majorly well known underutilized commodities.

4.3 Occurrence of stock expiries

4.3.1 SIPI HC 3

At Sipi HC3, certain items were found to have expired for example 450 pieces of IUDs expired in March 2017 and 80 doses of injection Noristerat expired in September 2017. There were also 70 vials of Norygynon in stock which was due to expire the following month (January 2018). Noristerat and Norygynon were supplied by RHU. RHU supplied 100 doses of Noristerat in May 2017 due to expire in September 2017 and 100 doses of Norygynon in May 2017 due to expire in Jan 2018. The injectables were both of short expiry (noristerat-4Months to expiry date, while Norigynon-7months to expiry date) considering the consumption rate of the commodities was low.

According to a mid-wife at the facility, the IUDs expired because there were no trained staff and the necessary equipment to administer the services while Noristerat expired due to no uptake and supplied stock was near expiry date. The midwife interviewed further said that the stores in-charge and HC in-charge were informed of the expiries.

4.3.2 Kapchorwa hospital

The last expiry that occurred was in 2015 where 77 IUDs expired, no further information about it was accessed. When expiries occur, the midwives report to the stores in-charge. The stores in-charge informed us that they isolate expired drugs but there was no further information on the expiry.



4.3.3 Kaserem HC3

No expired drugs were traced in Kaserem HC 3.

4.3.4 RHU HC2

No expiration of FP commodities was evident at RHU HC2 except for Norigynon and Noristerat injection which were transferred to the Head Quarters of RHU due to short shelf life.

To address the bottlenecks affecting the supply chain, respondents at RHU HC2 suggested that;

- Standard chart for management of side effects should be provided at all health facilities to enable management of side effects and hence avoid misconceptions associated with side effects
- There should be a family planning committee for the district that does support supervision at the facilities.
- Health workers should be trained and encouraged to provide comprehensive counselling to curb misconceptions and ensure clients choose appropriate methods that may not present with chronic or severe side effects.
- Health facilities should be supported to carry out outreaches in their catchment areas to curb misconceptions and take services closer to the cli

4.3.5 National level

Overall, wastage of commodities due to expiry is rare at the national level because almost all items are distributed out of the national level warehouse before expiration. As an isolated case, the supply chain audit of 2017 found that there had been wastage of male condoms at UHMG due to failing post-shipment testing quality control tests. Expiration is then seen more at the lower levels of the supply chain than at the national level.

4.3.6 Key bottlenecks associated with expiration of FP commodities

The major causes of expiration identified include the following;

- Low uptake due to unavailability of skilled staff to administer services which leads to accumulation of commodities and hence expiries. This was the cause of expiration of IUDs at Sipi HC3
- Low levels of awareness among FP users and health workers was found to contribute to accumulation and subsequent expiration of commodities especially those that are newly introduced in the country without appropriate awareness creation for example injection Noristerat and Norigynon.
- Receipt of commodities with short expiry time which is insufficient to allow for consumption of the stock before expiration. This was the case with Norigynon and Noristerat injectables delivered by RHU to Sipi HC3.
- According to the community dialogue at Sipi HC3, absence of an adequate budget for redistribution and redistribution plan undermines the strategy of re-distribution. Consequently, stock accumulation may not be averted, and this leads to stock expiration.
- Poor ordering of FP commodities, ordering excess commodities than required can lead to accumulation and hence expiries. Facilities order for commodities from the implementing partners. Hence stock ordered from the partners like Norigynon, Noristerat and IUDs expired at some facilities.
- Poor stores management and FP records management; stock monitoring for near expiry drugs and hence initiation of redistribution is absent. There is inadequate analysis of collected data and hence not used in decision making.



4.4 Recommendations - community based strategies

During community dialogues, participants suggested ways to address the bottlenecks identified to be affecting the supply chain and institutions and individuals that they could approach to address the issues. In each community, an individual participating in the dialogue meeting in position to access and influence the target power centre was selected. An activity to be carried out was then identified. The activity is what we considered the community-based strategies.

Building on the power mapping exercise, the community dialogues explored community-based strategies to address the key bottlenecks identified in the supply chain. For each bottleneck, the participants in the community dialogue agreed on activities to carry out and even identified the community member who would follow up.

4.4.1 Power centres

The tables below show the target centres and responsible participants identified by the participants to address the listed bottlenecks.



Bottleneck	Power centre
Ineffectiveness of re-distribution system	HUMC In-charge of the health centre or Hospital
Data not analysed for planning purposes	In-charge Partners, biostatistics
Insufficient FP skills among staff	Partners Health workers
Inadequate FP commodities	Partners DHO
Irregular involvement of health workers in kit development and review in HC3 and ordering in Hospital	DHO Hospital Procurement committee
Low community awareness	VHTs and leaders' community meetings, churches. (FP champions).Health workers Cultural leaders Clan leaders

b) At National level

Considering the power centres identified at the district level, we find the following to be the corresponding power centres at the district level.

Bottleneck	Power centre
Ineffectiveness of re-distribution system	MoH, NMS
Data not analysed for planning purposes	MoH, UHMG, NMS
Insufficient FP skills among staff	MoH
Inadequate FP commodities	MoH, Development Partners, UHMG, IPs & NMS
Irregular involvement of health workers in kit development and review in HC3	NMS
Low community awareness	MoH, Development Partners

4.2.1 Community based strategies for Sipi HC3

The table below presents the community-based strategies agreed at Sipi HC3.

Key bottle necks	What will be done	Community based strategies	Who to follow it up
Ineffective redistribution system	Allocation of more funds for redistribution under the PHC coordination budget.	Hold a meeting with management committee and have a discussion.	Chairperson HUMC (Chemengich Stephen)
	Request partners to give support for the re-distribution system within the district	Write a letter to partners to support the redistribution of IUDs and Norigynon injection which is nearing expiry.	Chairman LC3 & In-charge Sipi HC3



Ordering system for FP commodities is not very effective leading to unavailability of commodities.	The district/ DHO's office should make consultation on the FP needs from health unit midwives before developing the district kit and re-distributing FP commodities.	In-charge to hold consultation meetings with midwives before participating in the development of the kit.	In-charge Sipi HC3 Midwife at Sipi HC3
Inadequate skilled health workers	Request RHU HC2 for a mentor on FP long term methods	Write a request letter to RHU HC2 after making consultations with the HUMC committee	In-charge Sipi HC3 Midwife at Sipi HC3
Inadequate knowledge on FP rights and responsibilities	FP champions to train community members and fellow VHTs on rights and responsibilities	FP champions to come up with a training plan	Chairman LCIII, supported by HUMC chairperson and FP champions trained.

4.2.2 Community based strategies for Kapchorwa hospital

The table below presents the community-based strategies agreed at Kapchorwa Hospital.



Bottleneck	What to be Done	Community based strategy	Who to do it	When to do it
Ineffective redistribution system	Make sure that the hospital has a plan and a budget for the re-distribution of FP commodities from IPs and health facilities within and beyond the district.	Organize a meeting with the hospital procurement and management committee. Have a de-brief meeting to discuss and agree on what will be presented to the committee.	Pharmacy store	4 th quarter (April-June 2018)
Inadequate skilled health workers offering FP services	-The two trained health workers will be contacted to mentor other staff members internally.	Health workers will engage the two health workers internally to undertake on job training of fellow health workers.	Nursing officer	20 th /Jan/2018
	-community members and service providers to request for a comprehensive training from IPs	Community members and health workers to organize a meeting purposely to write a letter to RHU HC2 and Mariestopes for training.	Nursing officer	15 th /Jan/2018
	Advocate for transfer to be made in respect of skills	Have a meeting with the principle nursing officer	Pharmacy store	15 th /Jan/2018
Inadequate skilled VHTs on FP services.	-A training for VHTs to be conducted on FP services	VHTs to organize a dialogue meeting between RHU HC2 and VHTs and make this request.	VHTs	20 th Jan/2017
Limited community knowledge on rights and responsibilities.	The community health department to have a plan with FP integrated.	Hold a meeting with the head of the CHD – health inspector	Nursing In-charge	10 th /Jan/2017
	Develop a plan for sensitisation specifically for outreaches.	Hold a meeting with the head of the CHD – health inspector	Nursing in-charge	10 th /Jan/2017
	Community members to sensitise at least 50 people monthly.	Sensitization during community gatherings in the communities	VHT	10 th /Jan/2017
Ordering system for FP commodities is not very effective	-Midwives and in-charge FP unit to be included in the procurement committee to give the ideal picture on what	Have a meeting between the FP unit and the procurement committee	Nursing officer	15 th /Feb/2017



	should be procured.			
	The FP unit to be consulted before the procurement committee meeting			

4.2.3 Community based strategies for Kaserem HC3

The table below presents the community-based strategies agreed at Kaserem HC3.

Issue	What to be done	Community Based strategies	Who to do it	Time frame
Ineffectiveness of re-distribution system	Have a plan, budget and actualize it	Having a planning meeting	Facility In-charge	30 th /Jan/2018
Data not analysed for planning purposes	Mentorship of data management and data quality assessment	Continuous Medical Education (CMEs) on data management Monthly data review meetings	Facility in-charge	28 th /Feb/2018
Insufficient FP skills	Mentorship on skills	Health workers actively take part during the outreaches organized by partners and learn skills.	Nursing officer	28 th /02/2018
Inadequate FP commodities	Lobby from partners like RHU HC2 and Marie stops	Write requests to partners to distribute	Nursing officer	28 th /02/2018
Irregular involvement pf health workers in budgeting	In charge involved in budgeting	Write to DHO requesting to participate	Facility In-charge	10 th /01/2018
No skills and knowledge on rights and responsibilities	Mentoring others	VHTs and leader who are trained to use forums like community meetings, churches to mentor others	Head of VHTs	31 st /01/2018 and ongoing

4.2.4 Strategies to address supply chain bottlenecks at district level

Based on the recommendations made at the various health facilities and during the stakeholders meeting carried out to validate the findings, the following actions are recommended to the district leadership to reduce stock-out and expiration of FP commodities in Kapchorwa district.



Bottleneck	Power centre	Action required
Ineffectiveness of re-distribution system	HUMC In-charge of the health centre or Hospital	Allocation of more funds for redistribution under the PHC coordination budget. Request partners to give support for the re-distribution system within the district Chairman Local government to champion lobbying of funds
Ordering system for FP commodities is not very effective leading to unavailability of commodities.	DHO	The district/ DHO's office should make consultation on the FP needs from health unit midwives before developing the district kit and re-distributing FP commodities. In-charge of HFs should be required to hold consultation meetings with midwives before participating in the district meetings for development of the kit.
Data not analysed for planning purposes	In-charge Partners, biostatistics	The community health department to have a plan with FP integrated. Mentorship of data management and data quality assessment Biostatistician to support facilities in strengthening data documentation, analysis and utilization Biostatistician to popularize district's statistics on FP indicators so that they can be used in decision making.
Insufficient FP skills among staff	Partners Health workers	Facility staff to be incooperated in outreach activities during outreaches by partners for purposes of mentorship and capacity building majorly in administration /insertion and removal of FP methods. District health office to maintain a database of health workers that captures health workers trained and not trained so as to organise strategic training sessions. Rotational training of staff to give fair chance to all health workers to receive training.
Inadequate FP commodities	Partners DHO	Support Health Facilities in the district that have stock-out to obtain commodities from the Uganda Health Marketing Group, by providing information and letters of introduction The DHO to forward monthly projections of



		supplies to partners like RHU clinic so that the public sector can access some commodities from RHU. DHO will then be required to make an accountability of commodities received from partner.
Irregular involvement of health workers in kit development and review in HC3 and ordering in Hospital	DHO Hospital Procurement committee	Organise periodic (every 6 months) meetings for health workers to discuss kit development and review in HC3 and ordering in Hospital
Low community awareness	VHTs and leaders' community meetings, churches. (FP champions). Health workers clan leaders cultural leaders	<p>Allocate funds to community awareness campaigns in support of FP</p> <p>District and partners to work together by aggregating resources to come up with a consolidated outreach programme that integrates FP into HIV/AIDS and immunization outreaches.</p> <p>Train VHTs to offer short term FP services like sayana press</p> <p>Organise FP workshops for religious leaders</p> <p>Political leaders to participate in community awareness campaigns.</p>

4.4.6 Strategies to address supply chain bottlenecks at National level.

The Ministry of Health should further strengthen capacity for demand forecasting and supply planning at all levels of the supply chain for Family Planning commodities. This could be achieved through regional trainings and supply planning meetings at national level and regional levels.

Ministry of Health should provide training on logistics management including maintenance of stock cards and stock books and conducting physical counts to strengthen Inventory management.

MoH should train and equip staff with up to date skills on use of FP commodities. Also, there should be a program for continuous professional developments for these staff.

Distribution of commodities especially known underutilized commodities (female condoms, ECP, IUDs, Misoprostol) should be made strictly against orders placed by the intended beneficiary organizations to minimize incidents of stock accumulation due to low demand for the products by end-users



ANNEX ONE



Kapchorwa District Local Government

Community-led Oversight Strategies for Tracking and Monitoring RH/FP Supplies to the Last Mile

CPR 28%, Unmet 72%, Fertility Rate 7 children per woman

Bottleneck	Expected Result	Practical Intervention/Solution	Benefit	Responsible Office
Ineffectiveness of redistribution system	Effective redistribution system	In-charges to ensure all data tools including stock cards are update and available	<ul style="list-style-type: none"> Update information on stock status Redistribution to facilities with stock outs 	<ul style="list-style-type: none"> I/C- PHC DHO- DMMS
		Integrate FP commodities into the DMMS supervision and redistribution		
		In-charges to conduct monthly drug monitoring and report to report to the DMM/DHO		
Ordering system for FP commodities not very effective	An effective orderly system for FP commodities	Sensitise health workers to appreciate the importance of FP services	HWs prioritise FP	I/C, DHO, DMMS, biostatistician, Partners
		Avail all ordering and other essential data collecting tools to the facilities	Facilities document stock status and share information	I/C, DHO, DMMS, biostatistician, Partners
Data not analysed for planning services	Data analysed for planning services	Hold routine staff meetings regarding data analysis	Facilities document stock status and share information	Health unit in-charge, biostatistician and record assistant
Insufficient FP skills among staff	Sufficient FP skills among staff	Mentoring health workers by trained personnel on FP methods	<ul style="list-style-type: none"> Increased focus on FP by HWs Regular update on FP commodities 	In-charge health unit, DHO
		Integrating FP into support supervision		DHO
Inadequate FP commodities	Adequate FP commodities at all facilities	Calculate average monthly consumption rate at health unit levels	<ul style="list-style-type: none"> Facilities document stock status and share information Reduced cases of over/understocks 	Unit in-charge
		Develop redistribution system and actualize it		DHO, FP Focal Person
		Revise the support supervision tool to include FP		
Data not used in analysis for planning and ordering	Data collected used in analysis for planning and ordering	Proper data analysis before ordering of FP methods/commodities	Reduced cases of over/understocks	<ul style="list-style-type: none"> Biostatistician, HO Health workers
		Mentoring health workers on the new data capture tools	Documentation and reduced cases of over/under stocks	
Low community awareness and involvement	Increased community awareness and involvement	Mobilise, involve and sensitise communities to create impact on the uptake of FP and generate feedback from communities	Increased demand of FP and community reporting of cases of stock outs	<ul style="list-style-type: none"> DHO, VHTs/HWs/HWS, Church leaders Health educators Sub-county
		Deliberately involve men in community mobilisation		
		Integrate community awareness in the outreaches		
		Appropriate planning for effective and satisfied output to communities		
		Strengthen the referral client exit interview systems		
		Revised the VHT reports to including voices (concerns/contributions) from the communities		
		Incorporate client exit interviews in the routine support supervision		
Reports from IPs should include community feedback on contraceptives and services				







COMMUNITY BASED STRATEGIES

TO ADDRESS BOTTLENECKS THAT AFFECT THE SUPPLY CHAIN FOR REPRODUCTIVE HEALTH/ FAMILY PLANNING COMMODITIES

A CASE STUDY OF KAPCHORWA DISTRICT IN UGANDA





Meeting to Present the STRATEGY to the council for adoption





Reproductive
Health Uganda

REPRODUCTIVE HEALTH UGANDA

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